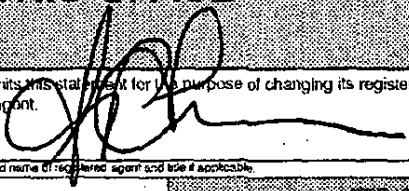
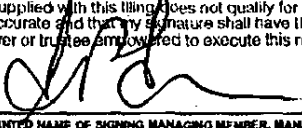


FILED
Jun 02, 2003 8:00 am
Secretary of State

05-02-2003 90582 031 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>L02000026968</u>		
1. Entity Name <u>RECOVERY HEALTH ASSOCIATES LLC</u>		
DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business <u>1422 VICTORIA ISLE DR.</u>		3. Mailing Address <u>1422 VICTORIA ISLE DR.</u>
Suite, Apt. #, etc. <u> </u>		Suite, Apt. #, etc. <u> </u>
City & State <u>WESTON, FL</u>		City & State <u>WESTON, FL</u>
Zip <u>33327</u>	Country <u>USA</u>	Zip <u>33327</u>
4. FEI Number		☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
7. Name and Address of Current Registered Agent		
Name <u>STEVEN LEONE</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>1422 VICTORIA ISLE DR.</u>		
City <u>WESTON</u> FL Zip Code <u>33327</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent.		
SIGNATURE  DATE <u>4/30/2003</u>		
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MANAGING PARTNER</u> <u>STEVEN LEONE</u> <u>1422 VICTORIA ISLE DR.</u> <u>WESTON, FLORIDA 33327</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  DATE <u>4/30/2003</u> DAYTIME PHONE # <u>954-384-2602</u>		

CR2E083B (12/02)