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Jun 02, 2003 8:00 am
Secretary of State
05-02-2003 90582 031 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000026968

1. Entity Name

RECOVERY HEALTH ASSOCIATES LLC

DO NOT WRITE IN THIS SPACE

44003086

2. Principal Place of Business	3. Mailing Address
1422 VICTORIA ISLE DR.	1422 VICTORIA ISLE DR.
Suite, Apt. #, etc. [illegible]	Suite, Apt. #, etc. [illegible]
City & State: WESTON, FL	City & State: WESTON, FL.
Zip: 33327 Country: USA	Zip: 33327 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: STEVEN LEONE

Street Address (P.O. Box Number is Not Acceptable): 1422 VICTORIA ISLE DR.

City: WESTON FL Zip Code: 33327

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 [signature] 4/30/2003
Signature, typed or printed name of registered agent and title if applicable. DATE

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	MANAGING PARTNER STEVEN LEONE 1422 VICTORIA ISLE DR. WESTON, FLORIDA 33327
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CR2E083B (12/02)

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: [signature] 4/30/2003 954-384-2602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #