

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000067363

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** ATLAS RECOVERY CENTERS, L.L.C.

**Current Principal Place of Business:**

5533 S. ORANGE AVENUE  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

7 EAST COLONIAL DR.  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 41-2238526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANTHONY, CORETTA S  
6000 METROWEST BLVD.  
ORLANDO, FL 32835 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FREEMAN, FREDERIC  
**Address:** 5533 S. ORANGE AVENUE  
**City-St-Zip:** ORLANDO, FL 32809

**Title:** MGRM  
**Name:** FREEMAN, FREDERIC D.C.  
**Address:** 5533 S. ORANGE AVENUE  
**City-St-Zip:** ORLANDO, FL 32809

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** FREDERIC FREEMAN

MGRM

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date