

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000071961

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** NOVUS MEDICAL DETOX CENTER OF PASCO COUNTY, LLC

**Current Principal Place of Business:**

9270 ROYAL PALM AVENUE  
NEW PORT RICHEY, FL 34654 US

**New Principal Place of Business:**

**Current Mailing Address:**

9270 ROYAL PALM AVENUE  
NEW PORT RICHEY, FL 34654 US

**New Mailing Address:**

**FEI Number:** 51-0592352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAYES, STEVEN L  
9270 ROYAL PALM AVE.  
NEW PORT RICHEY, FL 34654 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:** NOVUS MEDICAL DETOX CENTERS, LLC  
**Address:** 9270 ROYAL PALM AVE.  
**City-St-Zip:** NEW PORT RICHEY, FL 34654 US

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: STEVEN L. HAYES

MGRM

01/07/2011

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