2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 03, 2008
Secretary of State

DOCUMENT# L07000056619

Entity Name: TREATMENT ALTERNATIVES, LLC

Current Principal Place of Business:

C/O 1901 W. CYPRESS CREEK ROAD
SUITE 415
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

321 W. CAMINO REAL
BOCA RATON, FL 33432

Current Mailing Address:

C/O 1901 W. CYPRESS CREEK ROAD
SUITE 415
FORT LAUDERDALE, FL 33309

New Mailing Address:

321 W. CAMINO REAL
BOCA RATON, FL 33432

FEI Number: 30-0432600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MANKO, STEVEN
321 W. CAMINO REAL
BOCA RATON, FL 33432 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: STEVEN MANKO

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: MANKO, STEVEN
Address: 321 W. CAMINO REAL
City-St-Zip: BOCA RATON, FL 33432 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 MANKO MGR 11/03/2008

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