

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90059 028 \*\*\*138.75

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<b>DOCUMENT # L07000117396</b> 1. Entity Name <b>A &amp; A ABLE DETOX-REHAB TREATMENT, LLC</b>					
Principal Place of Business <b>4825 N DIXIE HIGHWAY OAKLAND PARK, FL 33334</b>			Mailing Address <b>4825 N DIXIE HIGHWAY OAKLAND PARK, FL 33334</b>		
2. Principal Place of Business - No P.O. Box # <b>2701 GATEWAY DRIVE</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>2701 GATEWAY DRIVE</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>POMPANO BEACH, FL</b>		City & State <b>POMPANO BEACH, FL</b>		4. FEI Number <b>26-1451352</b>	
Zip <b>33069</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HELLMAN, MAYNARD 4400 BISCAYNE BLVD MIAMI, FL 33137</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2701 GATEWAY DRIVE</b> City <b>POMPANO BEACH FL</b> Zip Code <b>33069</b>		
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 <b>MAYNARD HELLMAN</b> <b>4/14/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TELMOSE, JOANNE 4825 N DIXIE HIGHWAY OAKLAND PARK, FL 33334</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2701 GATEWAY DRIVE POMPANO BEACH, FL 33069</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <b>JOANNE TELMOSE</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>4/21/08 9544892580</b> <small>Date Daytime Phone #</small>		