

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000056835

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Entity Name:** THE TREATMENT CENTER OF THE PALM BEACHES, LLC

**Current Principal Place of Business:**

4905 LANTANA ROAD  
LAKE WORTH, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 541119  
GREENACRES, FL 334541119 US

**New Mailing Address:**

**FEI Number:** 26-3765902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BRANSTETTER, TODD R  
4905 LANTANA ROAD  
LAKE WORTH, FL 33463 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:** CFO  
**Name:** BRANSTETTER, TODD R  
**Address:** 99 S.W. 11TH COURT  
**City-St-Zip:** BOCA RATON, FL 33486 US

**Title:** CEO  
**Name:** RUSSELL, WILLIAM M  
**Address:** 4822 S. CLASSICAL BOULEVARD  
**City-St-Zip:** DELRAY BEACH, FL 33445 US

**Title:** PRES  
**Name:** CHERNAK, MICHAEL H  
**Address:** 9556 PARKVIEW AVENUE  
**City-St-Zip:** BOCA RATON, FL 33428 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:** TODD R. BRANSTETTER

MGR

01/19/2010

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