2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# L08000087702

Entity Name: NATIONAL INSTITUTE FOR HOLISTIC ADDICTION STUDIES, LLC

Current Principal Place of Business:

1590 NE 162ND ST
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

1590 NE 162ND ST
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

FEI Number: 20-0551650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAIG M. DORNE, PA
407 LINCOLN ROAD
PENTHOUSE SOUTHEAST
MIAMI BEACH, FL 33139 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 ( ) Delete
Name: GOLDFARB, GERALD S
Address: 1590 NE 162ND STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: MGRM ( ) Delete
Name: GOLDFARB, GERALD H
Address: 1590 NE 162ND STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: MGRM ( ) Delete
Name: GIORDANO, JOHN
Address: 1590 NE 162ND STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GERALD S. GOLDFARB MGRM 02/12/2009

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