

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 25, 2012  
Secretary of State**

DOCUMENT# L08000095959

**Entity Name:** DELRAY RECOVERY CENTER, LLC

**Current Principal Place of Business:**

140 NE 4TH AVE  
SUITE D  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

**Current Mailing Address:**

140 NE 4TH AVE  
SUITE D  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

**FEI Number:** 26-3516862      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

J. BEAUREGARD PARKER, P.A.  
1900 NW CORPORATE BLVD.  
SUITE 301W  
BOCA RATON, FL 33431 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:** PETRI, JOSEPH  
**Address:** 140 NE 4TH AVE SUITE D  
**City-St-Zip:** DELRAY BEACH, FL 33483 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: JOSEPH PETRI      MGRM      04/25/2012

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