

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000029968

FILED
Apr 19, 2011
Secretary of State

Entity Name: ADDICTION AND INTERVENTION PROFESSIONALS LLC

Current Principal Place of Business:

352 PASEO REYES DR.
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

712 W. DEVONHURST LN.
PONTE VEDRA, FL 32081

New Mailing Address:

FEI Number: 26-4625636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR
Name: JACKSON, BRIAN
Address: 712 WEST DEVONHURST LANE
City-St-Zip: PONTE VEDRA, FL 32081

Title: MGR
Name: JACKSON, JOYCE
Address: 712 WEST DEVONHURST LANE
City-St-Zip: PONTE VEDRA, FL 32081

Title: S
Name: JACKSON, JOYCE
Address: 712 WEST DEVONHURST LANE
City-St-Zip: PONTE VEDRA, FL 32081

Title: T
Name: JACKSON, BRIAN
Address: 712 WEST DEVONHURST LANE
City-St-Zip: PONTE VEDRA, FL 32081

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: BRIAN JACKSON

MGR

04/19/2011

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