2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2011
Secretary of State

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Entity Name: DRUG REHAB ALTERNATIVES, LLC

Current Principal Place of Business:

4900 LINTON BLVD.
BAY 17A
DELRAY BEACH, FL 33445

New Principal Place of Business:

321 W. CAMINO REAL
BOCA RATON, FL 33432

Current Mailing Address:

321 W. CAMINO REAL
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 27-2372753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANKO, STEVEN
321 W. CAMINO REAL
BOCA RATON, FL 33432 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: MANKO, STEVEN
Address: 321 W. CAMINO REAL
City-St-Zip: BOCA RATON, FL 33432

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 Statues.

SIGNATURE: STEVEN MANKO PRES 02/03/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date