

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 14, 2012
Secretary of State

Entity Name: DRUG REHAB ALTERNATIVES, LLC

Current Principal Place of Business:

7000 N. FEDERAL HWY., SUITE 202
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

7000 N. FEDERAL HWY., SUITE 202
BOCA RATON, FL 33487

New Mailing Address:

321 W. CAMINO REAL
BOCA RATON, FL 33432

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

Title: MGRM
Name: MANKO, ALANA
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 Statutes.

SIGNATURE: STEVEN MANKO

MGR

06/14/2012

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