

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000012017

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

**Entity Name:** MIAMI OUTPATIENT DETOX LLC

**Current Principal Place of Business:**

175 SW 7TH STREET, SUITE 1102  
MIAMI, FL 33130 US

**New Principal Place of Business:**

175 SW 7TH STREET  
SUITE 1102  
MIAMI, FL 33130 US

**Current Mailing Address:**

175 SW 7TH STREET, SUITE 1102  
MIAMI, FL 33130 US

**New Mailing Address:**

175 SW 7TH STREET  
SUITE 1102  
MIAMI, FL 33130 US

**FEI Number:** 27-4686717

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PP MEDICAL GROUP LLC  
99 SE MIZNER BLVD. PH43  
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: PP MEDICAL GROUP LLC  
Address: 99 SE MIZNER BLVD. PH43  
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: PASQUALE IANNUCCI

MGR

02/25/2012

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