2009 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000979

1. Entity Name

ADVANCED RECOVERY CENTER, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 8:49

Principal Place of Business	Mailing Address
8000 PETERS ROAD PLANTATION FL 33324	8000 PETERS ROAD PLANTATION FL 33324-4030

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 1300 Park of Commerce St. 200	Suite, Apt. #, etc. 1300 Park of Commerce St 200
City & State Delray Beach FL	City & State Delray Beach Fl
Zip 33444 Country Palm Beach	Zip 33444 Country Palm Beach

4. FEI Number 65089 8989 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEINBERG, STEVEN A 8000 PETERS ROAD PLANTATION FL 33324	Name Cyndy Bourke Street Address (P.O. Box Number is Not Acceptable) 1300 Park of Commerce Ste 200 City Delray Beach FL Zip Code 33444

8. 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 Cyndy Bourke CYNDY BOURKE 2/11/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BOURKE, CYNDY 8000 PETERS ROAD PLANTATION FL 33324 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition mj 3/16/00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BORISKIN, JERRY A 8000 PETERS ROAD PLANTATION FL 33324 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM INKELES, PAUL M 8000 PETERS ROAD PLANTATION FL 33324 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600003178596-1 -03/21/00--01108--019 *****55.00 *****55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/99)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Cyndy Bourke Cyndy Bourke 561-274-7417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #