

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000979

FILED
Apr 03, 2006
Secretary of State

Entity Name: ADVANCED RECOVERY CENTER, L.L.C.

Current Principal Place of Business:

1300 PARK OF COMMERCE BLVD
SUITE 200
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

1300 PARK OF COMMERCE BLVD
SUITE 200
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 65-0898789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOURKE, CYNDY
1300 PARK OF COMMERCE BLVD
SUITE 200
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

CABELA, CHARLES
1300 PARK OF COMMERCE BLVD
SUITE 200
DELRAY BEACH, FL 33445 US

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: CHARLES CABELA

04/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOURKE, CYNDY
Address: 1300 PARK OF COMMERCE BLVD. #200
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM (X) Delete
Name: BORISKIN, JERRY A
Address: 1300 PARK OF COMMERCE BLVD. #200
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CABELA, CHARLES
Address: 1300 PARK OF COMMERCE BLVD. #200
City-St-Zip: DELRAY BEACH, FL 33445

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHARLES CABELA

MRMR

04/03/2006

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