

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000979

FILED  
Jan 30, 2009  
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:**

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

**FEI Number:** 65-0898789

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CABELA, CHARLES  
1300 PARK OF COMMERCE BLVD  
SUITE 200  
DELRAY BEACH, FL 33445 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 ( ) Delete  
Name: CABELA, CHARLES  
Address: 1300 PARK OF COMMERCE BLVD. #200  
City-St-Zip: DELRAY BEACH, FL 33445

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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

PRES

01/30/2009

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