2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900000979

1. Entity Name

SIGNATURE: SIGNATURE AND TYPED

ADVANCED RECOVERY CENTER, L.L.C.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90577 019 ****50.00

Daytime Phone #

E. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named ontity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. 8. The above named ontity submits this statement for the purpose of changing its registered diffice or registered agent, re both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. 8. The above named ontity submits this statement for the purpose of changing its registered diffice or registered agent, re both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. 8. The above named ontity submits this statement for the purpose of changing its registered diffice or registered agent, re both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. 8. The above named ontity submits this statement for the purpose of changing its registered diffice or registered agent, re both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. 8. The above named ontity submits this statement for the purpose of changing its registered agent, re both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, re both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, re both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, re both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, re both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, re both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. 9.	Principal Plac	ce of Business		Mailing Address								
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Street Address (P.O. Box Number is Not Acceptable) City	BOU	JRK, CYNDY				Name						
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1. 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 acquirate 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 required by Chapter 608. Florida Statutes.	1. I hereby co	ertify that the inforr	nation supplied wit	h this filing does not qualify fo		//	Section 119.07(3)	(i), Florida Statutes I fo	irther certify	that the in	formation	

OR AUTHORIZED REPRESENTATIVE