2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 05, 2007
Secretary of State

DOCUMENT# M06000004729

Entity Name: NEW DIRECTIONS OUTPATIENT COUNSELING CENTER, LLC

Current Principal Place of Business:

504 TEXAS STREET, SUITE 200
SHREVEPORT, LA 71101

New Principal Place of Business:

Current Mailing Address:

504 TEXAS STREET, SUITE 200
SHREVEPORT, LA 71101

New Mailing Address:

FEI Number: 20-1630502 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: CAPITOL CORPORATE SERVICES

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BORDELON, ROCK M
Address: 504 TEXAS STREET, SUITE 200
City-St-Zip: SHREVEPORT, LA 71101

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: ROCK M BORDELON MR 10/05/2007

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