

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000001134

**Entity Name:** SUNRISE DETOXIFICATION CENTER, LLC

**Current Principal Place of Business:**

2328 10TH AVE. SUITE 300-301  
LAKE WORTH, FL 33461

**Current Mailing Address:**

2328 10TH AVE. SUITE 300-301  
LAKE WORTH, FL 33461 US

**FEI Number:** 20-0724833

**Certificate of Status Desired:** No

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

WHITE, JOHN II  
1645 PALM BEACH LAKES BLVD.  
SUITE 1200  
WEST PALM BEACH, FL 33401 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:** JOHN WHITE II

04/26/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DORAN, TIMOTHY  
Address 2328 10TH AVE. SUITE 300-301  
City-State-Zip: LAKE WORTH FL 33461

Title MGRM  
Name PONCY, MORGAN MD  
Address 2328 10TH AVE. SUITE 300-301  
City-State-Zip: LAKE WORTH FL 33461

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY DORAN

M

04/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date