

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000042113

**Entity Name:** NOVUS MEDICAL DETOX CENTERS, LLC

**Current Principal Place of Business:**

9270 ROYAL PALM AVE.  
NEW PORT RICHEY, FL 34654

**Current Mailing Address:**

9270 ROYAL PALM AVE.  
NEW PORT RICHEY, FL 34654

**FEI Number: 71-1003223**

**Certificate of Status Desired: No**

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

WESCH, BRYN A  
9270 ROYAL PALM AVENUE  
NEW PORT RICHEY, FL 34654 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FESHBACH, K N  
Address 1230 S. MYRTLE AVE., SUITE 401  
City-State-Zip: CLEARWATER FL 33756

Title CFO  
Name WESCH, BRYN A  
Address 9270 ROYAL PALM AVE.  
City-State-Zip: NEW PORT RICHEY FL 34654

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BRYN WESCH**

**CFO**

**02/03/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date