

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071961

Entity Name: NOVUS MEDICAL DETOX CENTER OF PASCO COUNTY, LLC

Current Principal Place of Business:

9270 ROYAL PALM AVENUE
NEW PORT RICHEY, FL 34654

Current Mailing Address:

9270 ROYAL PALM AVENUE
NEW PORT RICHEY, FL 34654 US

FEI Number: 51-0592352

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WESCH, BRYN A
9270 ROYAL PALM AVE.
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 NOVUS MEDICAL DETOX CENTERS,
LLC
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

01/19/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date