

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 17 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L27335** (3)

1. Corporation Name

**RECOVERY HEALTH CORPORATION**

Principal Place of Business

% RICHARD TYSON  
9800 W SAMPLE BLD. 3RD FLOOR  
CORAL SPRINGS FL 33065

Mailing Address

% RICHARD TYSON  
9800 W SAMPLE BLD. 3RD FLOOR  
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/03/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0155298** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing  **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**SPEAR, GARRY R.**  
**9880 W. SAMPLE RD**  
**THRD FLOOR**  
**CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TYSON, RICHARD
STREET ADDRESS	1859 NW 113TH WAY
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	DV
NAME	DEMARIA, WILLIAM
STREET ADDRESS	45 POLO CLUB DR
CITY - ST - ZIP	FREEHOLD NJ
TITLE	DT
NAME	LIBUTTI, DANIEL
STREET ADDRESS	23 MEADOW LANE
CITY - ST - ZIP	OLD BRIDGE NJ
TITLE	DS
NAME	GOLDSTEIN, BARRY
STREET ADDRESS	1900 NE 211TH ST
CITY - ST - ZIP	N MIAMI BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DVT</b>
2.3 STREET ADDRESS	<b>DEMARIA, WILLIAM</b>
2.4 CITY - ST - ZIP	<b>45 POLO CLUB DRIVE</b> <b>FREEHOLD, N.J.</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DELETE</b>
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>3</b>
4.3 STREET ADDRESS	<b>GOLDSTON, BARRY</b>
4.4 CITY - ST - ZIP	<b>SAME</b> <b>SAME</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statute. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or as an attachment with an address.

SIGNATURE:

*Richard Tyson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard Tyson**  
**President**

**4/11/95**

**(305)755-9000**  
Layline #