

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L27335 (3)**

1. Corporation Name  
**RECOVERY HEALTH CORPORATION**



Principal Place of Business: % RICHARD TYSON, 9600 W SAMPLE BLD. 3RD FLOOR, CORAL SPRINGS FL 33065  
Mailing Address: % RICHARD TYSON, 9600 W SAMPLE BLD. 3RD FLOOR, CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: 11/03/1989  
3a. Date of Last Report: 04/17/1995

2. Principal Place of Business: 21 3323 W. Commercial Blvd, Suite #110, Ft. Lauderdale FL, Zip 33309, Country US  
2a. Mailing Address: 26 SAME, Suite #110, Ft. Lauderdale FL, Zip 33309, Country US  
4. FEI Number: 65-0155298  
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

9. Name and Address of Current Registered Agent: SPEAR, GARRY R., 9660 W. SAMPLE RD, THIRD FLOOR, CORAL SPRINGS FL 33065  
10. Name and Address of New Registered Agent: 81 Name: GARRY R. SPEAR, JR. (P.O. Box 7200 N. PALMETTO PARK ROAD, SUITE 204N, BOCA RATON, FL 33433, 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] DATE: [ ] (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP TYSON, RICHARD 1859 NW 113TH WAY CORAL SPRINGS FL	1.1 TITLE	[ ] Change [ ] Addition
NAME		12 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	6801 E. Cypresshead Drive
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Parkland FL 33067
TITLE	DVT DEMARIA, WILLIAM 45 POLO CLUB DRIVE FREEHOLD NJ	2.1 TITLE	[ ] Change [ ] Addition
NAME		22 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	S GOLDSTEIN, BARRY 1900 NE 211TH ST N MIAMI BCH. FL	3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 Statutes. I further certify that the information included 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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 3-19-96 (954)733-0302  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Barry Goldstein, Secretary

CR2E034 (12/95)