

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006226

FILED
Mar 29, 2007
Secretary of State

Entity Name: RECOVERY FROM ADDICTIONS, INC.

Current Principal Place of Business:

C/O JAMES HALIKAS, M.D.
2335 TAMiami TR. N., STE. 205
NAPLES, FL 34103

New Principal Place of Business:

C/O JAMES HALIKAS, M.D.
11181 HEALTH PARK BLVD., SUITE 3050
NAPLES, FL 34110

Current Mailing Address:

C/O JAMES HALIKAS, M.D.
783 TRAMORE LANE
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3647304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALIKAS, JAMES MD
783 TRAMORE LANE
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

HALIKAS, JAMES M.D.
783 TRAMORE LANE
NAPLES, FL 34108 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: JAMES HALIKAS

03/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HALIKAS, JAMES
Address: 1181 HEALTH PARK BLVD., SUITE 3050
City-St-Zip: NAPLES, FL 34110

Title: SD () Delete
Name: HALIKAS, ANNA
Address: 1181 HEALTH PARK BLVD., SUITE 3050
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: HALIKAS, ANNA
Address: 1181 HEALTH PARK BLVD., SUITE 3050
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HALIKAS, JAMES M.D.
Address: 11181 HEALTH PARK BLVD., SUITE 3050
City-St-Zip: NAPLES, FL 34110

Title: SD (X) Change () Addition
Name: HALIKAS, ANNA
Address: 11181 HEALTH PARK BLVD., SUITE 3050
City-St-Zip: NAPLES, FL 34110

Title: D (X) Change () Addition
Name: HALIKAS, ANNA
Address: 11181 HEALTH PARK BLVD., SUITE 3050
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES HALIKAS

PD

03/29/2007

Electronic Signature of Signing Officer or Director

Date