


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90088 013 ***158.75

DOCUMENT # P05000124410

1. Entity Name
 RECOVERY HEALTH CENTER, INC.




Principal Place of Business
 717 PONCE DE LEON BLVD SUITE 302
 CORAL GABLES, FL 33134

Mailing Address
 717 PONCE DE LEON BLVD SUITE 302
 CORAL GABLES, FL 33134

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
717 Ponce de Leon Blvd
 Suite, Apt. #, etc.
302
 City & State
Coral Gables
 Zip
33134

4003-1-1



03222006 Chg-P CR2E034 (11/05)

FEI Number
352260367

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 LEON, WANDA I
 717 PONCE DE LEON BLVD SUITE 302
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LEON, WANDA I 9320 FOUNTAINEBLEAU BLVD APT 609 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with no address, with all other like empowered.

SIGNATURE:  **3/27/06** **(305) 461-5571**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #