2010 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 28, 2010
Secretary of State

DOCUMENT# P05000124410

Entity Name: RECOVERY HEALTH CENTER, INC.

Current Principal Place of Business:

175 FONTAINEBLEAU BLVD., SUITE 2D1
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

175 FONTAINEBLEAU BLVD., SUITE 2D1
MIAMI, FL 33172

New Mailing Address:

FEI Number: 35-2260367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALDES, JAVIER M
175 FONTAINEBLEAU BLVD., SUITE 2D1
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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: JAVIER MARTIN VALDES
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PDVP
Name: VALDES, JAVIER M
Address: 175 FONTAINEBLEAU BLVD., SUITE 2D1
City-St-Zip: MIAMI, FL 33172

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAVIER MARTIN VALDES PDVP 11/28/2010
Electronic Signature of Signing Officer or Director Date