

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061995

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: FIRST CHOICE TREATMENT AND REHAB CENTER, INC.

## Current Principal Place of Business:

622 E TARPON AVE  
TARPON SPRINGS, FL 34689

## New Principal Place of Business:

## Current Mailing Address:

622 E TARPON AVE  
TARPON SPRINGS, FL 34689

## New Mailing Address:

FEI Number: 59-3732700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

O'SHEA, JAMES  
4644 LAKE IN THE WOODS DRIVE  
SPRING HILL, FL 34607 US

## Name and Address of New Registered Agent:

O'SHEA, JAMES  
16167 COLCHESTER PALMS DR  
TAMPA, FL 33647 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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: O'SHEA, JAMES E  
Address: 4644 LAKE IN THE WOODS DR  
City-St-Zip: SPRING HILL, FL 34607

Title: V ( ) Delete  
Name: PICCIANO, JOHN  
Address: 9001 TAMiami TRAIL EAST  
City-St-Zip: NAPLES, FL 34113

Title: T ( ) Delete  
Name: COHEN, ROBERT  
Address: 18302 HIGHWOODS PRESERVE PKWY  
City-St-Zip: TAMPA, FL 33647

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: O'SHEA, JAMES E  
Address: 16167 COLCHESTER PALMS  
City-St-Zip: TAMPA, FL 33647

Title: V (X) Change ( ) Addition  
Name: PICCIANO, JOHN  
Address: 18302 HIGHWOODS PRESERVE PKWY  
City-St-Zip: TAMPA, FL 33647

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E O'SHEA

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date