

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124410

FILED
Feb 23, 2009
Secretary of State

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: VALDES, JAVIER M
Address: 175 FONTAINEBLEAU BLVD, SUITE 2D1
City-St-Zip: MIAMI, FL 33172

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: HERNANDEZ SUAREZ, DANIEL
Address: 8005 NW 8 ST # 207B
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALDES JAVIER M

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02/23/2009

Electronic Signature of Signing Officer or Director

Date