# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 17, 2010**
**Secretary of State**

DOCUMENT# P01000061995

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

**Current Principal Place of Business:**

201 E. CENTER ST
TARPON SPRINGS, FL 34689 PI

**New Principal Place of Business:**

**Current Mailing Address:**

15310 AMBERLY DRIVE
SUITE 300
TAMPA, FL 33647 PI

**New Mailing Address:**

15310 AMBERLY DRIVE
SUITE 300
TAMPA, FL 33647

**FEI Number: 59-3732700** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'SHEA, JAMES
16167 COLCHESTER PALMS DR
TAMPA, FL 33647 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: PS
Name: O'SHEA, JAMES E
Address: 16167 COLCHESTER PALMS DR
City-St-Zip: TAMPA, FL 33647

Title: V
Name: PICCIANO, JOHN
Address: 15310 AMBERLY DR,SUITE 300
City-St-Zip: TAMPA, FL 33647

Title: T
Name: COHEN, ROBERT
Address: 15310 AMBERLY DRIVE,SUITE300
City-St-Zip: TAMPA, FL 33647

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: JAMES E O'SHEA PRES 02/17/2010

Electronic Signature of Signing Officer or Director Date