

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061995

FILED  
Feb 24, 2012  
Secretary of State

**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:**

4212 COMMERCIAL WAY  
SPRING HILL, FL 34606 23

**Current Mailing Address:**

15310 AMBERLY DRIVE  
SUITE 300  
TAMPA, FL 33647

**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  
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

**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, SUITE 300  
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

02/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date