

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000124410

**FILED**  
**Apr 16, 2012**  
**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:**

175 FONTAINEBLEAU BLVD.  
SUITE 2D1  
MIAMI, FL 33172

**Current Mailing Address:**

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

**New Mailing Address:**

175 FONTAINEBLEAU BLVD.  
SUITE 2D1  
MIAMI, FL 33172

**FEI Number:** 35-2260367

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTIN VALDES, JAVIER  
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

**OFFICERS AND DIRECTORS:**

Title: PDVP  
Name: MARTIN VALDES, JAVIER  
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

04/16/2012

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

\_\_\_\_\_  
Date