

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000060300

**FILED**  
**Mar 12, 2018**  
**Secretary of State**  
**CC7916437531**

**Entity Name:** THE RECOVERY HOUSE TREATMENT CENTER, INC

**Current Principal Place of Business:**

3175 SOUTH CONGRESS AVE., SUITE 304  
PALM SPRINGS, FL 33461

**Current Mailing Address:**

3175 SOUTH CONGRESS AVE, STE 304  
PALM SPRINGS, FL 33461 US

**FEI Number:** 82-1732481

**Certificate of Status Desired:** No

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

THE RECOVERY HOUSE TREATMENT CENTER, INC  
3175 SOUTH CONGRESS AVE., SUITE 304  
PALM SPRINGS, FL 33461 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:** JOSHUA MORALES

03/12/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name TISCI, JOHN  
Address 8532 BREEZY OAK WAY  
City-State-Zip: BOYNTON BEACH FL 33473

Title D  
Name MORALES, JOSHUA S  
Address 9195 CARRINGTON AVE  
City-State-Zip: PARKLAND FL 33076

Title D  
Name MORALES, JUSTIN D  
Address 9070 WATERCREST CIRCLE EAST  
City-State-Zip: PARKLAND FL 33076

Title D  
Name CIPOLLA, LEONARD S  
Address 3809 AUSTRALIAN COURT  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** JOSHUA MORALES

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03/12/2018

Electronic Signature of Signing Officer/Director Detail

Date