

2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P17000060300

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: 82-2167783

Certificate of Status Desired: Yes

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

03/21/2018

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 3175 SOUTH CONGRESS AVE, STE 304
City-State-Zip: PALM SPRINGS FL 33461

Title D
Name MORALES, JUSTIN D
Address 3175 SOUTH CONGRESS AVE, STE 304
City-State-Zip: PALM SPRINGS FL 33461

Title D
Name CIPOLLA, LEONARD S
Address 3175 SOUTH CONGRESS AVE, STE 304
City-State-Zip: PALM SPRINGS FL 33461

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

D

03/21/2018

Electronic Signature of Signing Officer/Director Detail

Date