2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #819950

1. Entity Name

RECOVERY INCORPORATED, THE ASSOC. OF NERVOUS AND FORMER MENTAL PATIENTS

902 N	DEARBORN	ST
-	O IL 60610	٠.

FILED Feb 19, 2002 8:00 am Secretary of State 02-19-2002 90106 038 ****61.25

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8. 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 South Specific placet name of registered agent and stee if applicable. (NOTE Registered Agent signature required when resistating) PILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5,00 May Be Added to Fees Department of State				City	City Zip Code				
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indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

STATUTE ED SA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR IIPED SANDRA GLENN

2/1/02 Date

(312) 337-5661

Daytime Phone #