

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004220

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** BRANCHES RECOVERY CENTERS, INC.

**Current Principal Place of Business:**

1450 BATTLEGROUND DR  
MURFREESBORO, TN 37129

**New Principal Place of Business:**

150 KENT RD  
STE 1B  
SAINT AUGUSTINE, FL 32086

**Current Mailing Address:**

437 SCRUB JAY DR  
ST AUGUSTINE, FL 32092

**New Mailing Address:**

**FEI Number:** 26-1119206

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOYLE, LABAN  
437 SCRUB JAY DR  
ST AUGUSTINE, FL 32092 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: D  
Name: COURTNEY, MICHAEL  
Address: 827 W THOMPSON LN  
City-St-Zip: MURFREESBORO, TN 37129

Title: DP  
Name: DOYLE, LABAN  
Address: 437 SCRUB JAY DR  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VP  
Name: CONNOR, AMY  
Address: 765 MEDINA AVE  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: T  
Name: DOYLE, ASHLEY  
Address: 437 SCRUB JAY DR  
City-St-Zip: ST AUGUSTINE, FL 32092

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LABAN DOYLE

DP

04/20/2012

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

\_\_\_\_\_  
Date