

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000004252 (0)

1. Corporation Name

AMERICAN RECOVERY CENTERS, INC.

Principal Place of Business

2300 GULF BLVD., #3  
INDIAN ROCKS BEACH FL 33785

Mailing Address

2300 GULF BLVD., #3  
INDIAN ROCKS BEACH FL 33785



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/20/1996  
3a. Date of Last Report

4. FEI Number 58-1680767  
Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 601 CLEVELAND STREET  
Suite, Apt. #, etc.  
22 SUITE 300  
City & State  
23 CLEARWATER FL  
Zip  
24 34615 Country  
25 PINNELLAS

2a. Mailing Address  
26 601 CLEVELAND ST.  
Suite, Apt. #, etc.  
27 SUITE 300  
City & State  
28 CLEARWATER FL  
Zip  
29 34615 Country  
30 PINNELLAS

9. Name and Address of Current Registered Agent

MARTIN, GARY L  
2300 GULF BLVD., #3  
INDIAN ROCKS BEACH FL 33785

10. Name and Address of New Registered Agent

81 Name MARTIN, GARY L.  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 601 CLEVELAND STREET  
84 SUITE 300  
85 City CLEARWATER FL 86 Zip Code 34615

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *GARY L. MARTIN* GARY L. MARTIN/PRESIDENT REGISTERED AGENT 09/05/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PST	MARTIN, GARY L	456 HARBOR DR. S.	INDIAN ROCKS BEACH FL 33785	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed, or on an attachment with an address).

SIGNATURE *GARY L. MARTIN* 09-05-97

CR2E034 (4/97)