

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000116165

FILED
Apr 11, 2012
Secretary of State

Entity Name: THE RECOVERY ROOM-IMMEDIATE CARE CENTER, LLC

Current Principal Place of Business:

2010 LEWIS TURNER BLVD
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

2010 LEWIS TURNER BLVD
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 27-3900658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMICH, KEVIN M P.A.
4405 COMMONS DRIVE EAST
SUITE 102
DESTIN, FL 32540 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GIVEN, MICHAEL J
Address: 2010 LEWIS TURNER BLVD
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL J GIVEN

MGRM

04/11/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date