

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90190 037 ***150.00

DOCUMENT # L48314

1. Entity Name
REHABILITATION AND RECOVERY, INC.



Principal Place of Business
11900 BISCAYNE BLVD
#604
MIAMI, FL 33181 US

Mailing Address
620 SABAL PALM RD
MIAMI, FL 33137

24068014



2. Principal Place of Business

3. Mailing Address
8122 DATAPoint DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
STE. 1000

03192004 Chg-P CR2E034 (10/03)

City & State

City & State
SAN ANTONIO, TX

4. FEI Number
65-0948631

Applied For
Not Applicable

Zip

Country

Zip
78229-3273

Country
USA

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

6. Name and Address of Current Registered Agent

GREEN, BARTH A
620 SABAL PALM RD
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **GREEN, BARTH A.**
STREET ADDRESS **620 SABAL PALM RD.**
CITY-ST-ZIP **MIAMI, FL**

TITLE VPD ☐ Delete
NAME **LEININGER, JAMES R.**
STREET ADDRESS **8256 TESORO DRIVE**
CITY-ST-ZIP **SAN ANTONIO, TX**

TITLE D ☐ Delete
NAME **BERGFORS, CURT**
STREET ADDRESS **660 S MASHTA DR**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I 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 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 607, 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:

James R. Leininger

JAMES R. LEININGER

4/22/04

210-614-7051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #