

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # L63001 (6)**  
**1. Corporation Name**  
**RECOVERY CENTER OF SUNNY BANK, INC.**



<b>Principal Place of Business</b> <del>1000 SOUTH RIVERVIEW DRIVE</del> <b>MELBOURNE FL 32901</b>	<b>Mailing Address</b> <del>1000 SOUTH RIVERVIEW DRIVE</del> <b>MELBOURNE FL 32901-4711</b>
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<b>2. Principal Place of Business</b> <b>21 1051 PORT MALABAR BLVD N.E. SAME AS 2</b> Suite, Apt. #, etc. <b>22 SUITE 6</b> City & State <b>23 PALM BAY, FL</b> Zip Country <b>24 32905 25 USA</b>		<b>3. Date Incorporated or Qualified</b> <b>04/05/1990</b>		<b>3a. Date of Last Report</b> <b>04/29/1996</b>	
<b>2a. Mailing Address</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29 30</b>		<b>4. FEI Number</b> <b>59-2999639</b>		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/>	
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>9. Name and Address of Current Registered Agent</b> <del>RENEE L. WHEEL</del> <del>1000 SOUTH RIVERVIEW DRIVE</del> <del>MELBOURNE FL 32901</del> <b>John Campbell, Esq.</b> <b>110 University Park Drive</b> <b>Suite 115</b> <b>Winter Park, 32792</b>	

<b>10. Name and Address of New Registered Agent</b> <b>81 Name JOHN M. CAMPBELL</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>110 UNIVERSITY PARK DRIVE</b> <b>SUITE 115</b> <b>83 City WINTER PARK FL 85 Zip Code 32792</b>	
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**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 obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE** *John M. Campbell* **4/22/97**  
 Signature of typed or printed name of registered agent and file number (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE <b>WEISS, GARY M.</b> <b>1051 PORT MALABAR BLVD.</b> <b>PALM BAY FL</b>	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 if changed, or on an attachment with an address.**

**SIGNATURE** *John M. Campbell* **4/22/97** **407-6751472**

CR2E034 (9/96)