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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L89905** **(8)**

1. Corporation Name

RECOVERY RESIDENCES AT BOCA RATON, INC.

Principal Place of Business

7601 N FED HWY. STE 260 B
BOCA RATON FL 33487
US

Mailing Address

7601 N FED HWY. STE 260B
BOCA RATON FL 33487
US

2. Principal Place of Business
21 7601 N FEDERAL HWY
Suite, Apt. #, etc.
22 SUITE 100B
City & State
23 BOCA RATON FL
Zip 24 33487 Country 25 US

2a. Mailing Address
26 7601 N FEDERAL HWY
Suite, Apt. #, etc.
27 SUITE 100B
City & State
28 BOCA RATON FL
Zip 29 33487 Country 30 US

3. Date Incorporated or Qualified: 07/30/1990
3a. Date of Last Report: 02/17/1995
4. FEI Number: 65-0210741 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FRYDMAN, JACOB
7601 N FED HWY, STE 260 B
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7601 N FEDERAL HWY
83 SUITE 100B
84 City BOCA RATON FL 85 Zip Code 33487

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	MINSON, MARK		1 2 NAME	
STREET ADDRESS	7301 W PALMETTO PARK RD #201A		1 3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1 4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2 1 TITLE	☒ Change ☐ Addition
NAME	FRYDMAN, JACOB		2 2 NAME	
STREET ADDRESS	732 AURELIA STREET		2 3 STREET ADDRESS	7601 N. FEDERAL HWY, SUITE 100B
CITY-ST-ZIP	BOCA RATON FL		2 4 CITY-ST-ZIP	BOCA RATON FL 33487
TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added to the report with an address.

SIGNATURE: Jacob Frydman JACOB FRYDMAN 3/12/96 407 998-0866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #