# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 19, 2010**
**Secretary of State**

DOCUMENT# M73196

**Entity Name:** THE RECOVERY ROOM OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

3941 W. STATE ROAD 46
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

3941 W. STATE ROAD 46
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number: 59-2894592** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TORN, GEORGE W
32512 HAWKS LAKE LANE
SORRENTO, FL 32748 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P
Name: TORN, GEORGE W.
Address: 32512 HAWKS LAKE LANE
City-St-Zip: SORRENTO, FL 32748

Title: V
Name: MAKEY, STEVE
Address: 653 TAM CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S
Name: KING, TARANNE
Address: 7276 ABBEY LN
City-St-Zip: WINTER PARK, FL 32792

Title: T
Name: EMMONS, JODY
Address: 653 TAM CT
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE W. TORN P 01/19/2010

Electronic Signature of Signing Officer or Director Date