2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

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 01/31/2011

Electronic Signature of Signing Officer or Director Date