

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011142

FILED
Jan 12, 2009
Secretary of State

Entity Name: ASSISTED RECOVERY, INC.

Current Principal Place of Business:

9853 NORTH TAMIAMI TRAIL
SUITE 213
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

9853 NORTH TAMIAMI TRAIL
SUITE 213
NAPLES, FL 34108

New Mailing Address:

FEI Number: 20-5811281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEAVEY, CHRISTOPHER G
9853 NORTH TAMIAMI TRAIL
SUITE 213
NAPLES, FL 34108 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: D () Delete
Name: SEAVEY, CHRISTOPHER G
Address: 9853 NORTH TAMIAMI TRAIL, SUITE 213
City-St-Zip: NAPLES, FL 34108

Title: DS () Delete
Name: RILEY, BOB
Address: 6470 BOTTLE BRUSH LANE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: WODZINSKI, STEVEN
Address: 28200 PINE HAVEN WAY #51
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: KING, DT C
Address: 10630 MCGREGOR BLVD
City-St-Zip: FT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER SEAVEY

D

01/12/2009

Electronic Signature of Signing Officer or Director

Date