

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000004594

**FILED**  
**Dec 17, 2009**  
**Secretary of State**

**Entity Name:** RECOVERY JAX, INC.

**Current Principal Place of Business:**

3162 HERRING ROAD  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

3920 SPRING PARK RD.  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

3162 HERRING ROAD  
JACKSONVILLE, FL 32216

**New Mailing Address:**

P.O.BOX 10638  
JACKSONVILLE, FL 32247

FEI Number: 26-2606669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GNANN, TERRI L  
3162 HERRING ROAD  
JACKSONVILLE, FL 32216 US

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

GNANN, TERRI L  
2733 JEWELL RD  
JACKSONVILLE, FL 32216 US

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: TERRI GNANN

12/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WEST, DARRELL D  
Address: 3162 HERRING ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP ( ) Delete  
Name: GNANN, TERRI L  
Address: 3162 HERRING ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WEST, DARRELL D  
Address: 2733 JEWELL RD.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP (X) Change ( ) Addition  
Name: GNANN, TERRI L  
Address: 2733 JEWELL RD.  
City-St-Zip: JACKSONVILLE, FL 32216

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: DARRELL WEST

P

12/17/2009

Electronic Signature of Signing Officer or Director

Date