

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004594

FILED
Jan 12, 2010
Secretary of State

Entity Name: RECOVERY JAX, INC.

Current Principal Place of Business:

3920 SPRING PARK RD.
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 10638
JACKSONVILLE, FL 32247

New Mailing Address:

FEI Number: 26-2606669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GNANN, TERRI L
2733 JEWELL RD
JACKSONVILLE, FL 32216 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: PRES
Name: WEST, DARRELL D
Address: 2733 JEWELL RD.
City-St-Zip: JACKSONVILLE, FL 32216

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DARRELL D. WEST

PRES

01/12/2010

Electronic Signature of Signing Officer or Director

Date