

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004594

FILED
Apr 29, 2011
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 (X)

Name and Address of Current Registered Agent:

WEST, DARRELL
4722 SPRING PARK RD
JACKSONVILLE, FL 32207 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: GNANN, TERRI L
Address: 6625 WELLINGTON PL. LN
City-St-Zip: JACKSONVILLE, FL 32216

Title: EX.D
Name: WEST, DARRELL D
Address: 4722 SPRING PARK RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: V.P.
Name: TEDD, MOOREHOUSE
Address: 1727 BLANDING RD.
City-St-Zip: JACKSONVILLE, FL 32210

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 WEST

EX.

04/29/2011

Electronic Signature of Signing Officer or Director

Date