

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90153 050 \*\*\*150.00

**DOCUMENT # N99000006226**

1. Entity Name

**RECOVERY FROM ADDICTIONS, INC.**



Principal Place of Business

**C/O JAMES HALIKAS, M.D.  
2335 TAMiami TR. N. STE. 205  
NAPLES FL 34103**

Mailing Address

**C/O JAMES HALIKAS, M.D.  
2335 TAMiami TR. N. STE. 205  
NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

**JAMES HALIKAS MD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**783 TRAMORE LANE**

City & State

**NAPLES FL**

Zip

Country

**34108**

Country

**USA**

4. FEI Number **59-3647304**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VEGA, JOHN G  
VEGA, STANLEY, ZELMAN & HANLON  
2664 AIRPORT RD. S.  
NAPLES FL 34112**

7. Name and Address of New Registered Agent

Name **JAMES HALIKAS MD**

Street Address (P.O. Box Number is Not Acceptable)

**783 TRAMORE LANE**

City **NAPLES**

FL

Zip Code **34108**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/6/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HALIKAS, JAMES	
STREET ADDRESS	2335 TAMiami TRAIL N STE 205	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HALIKAS, ANNA	
STREET ADDRESS	2335 TAMiami TRAIL N STE 205	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALIKAS, ANNA	
STREET ADDRESS	2335 TAMiami TRAIL N STE 205	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**1/6/03**

**239 5975122**

CR2E037 (10/02)