

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061995

FILED
Mar 31, 2009
Secretary of State

Entity Name: FIRST CHOICE TREATMENT AND REHAB CENTER, INC.

Current Principal Place of Business:

201 E. CENTER ST
TARPON SPRINGS, FL 34689 PI

New Principal Place of Business:

Current Mailing Address:

18302 HIGHWOODS PRESERVE PKWY
SUITE 114
TARPON SPRINGS, FL 34689 PI

New Mailing Address:

15310 AMBERLY DRIVE
SUITE 300
TAMPA, FL 33647 PI

FEI Number: 59-3732700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'SHEA, JAMES
16167 COLCHESTER PALMS DR
TAMPA, FL 33647 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: O'SHEA, JAMES E
Address: 16167 COLCHESTER PALMS DR
City-St-Zip: TAMPA, FL 33647

Title: V () Delete
Name: PICCIANO, JOHN
Address: 18302 HIGHWOODS PRESERVE PKWY
City-St-Zip: TAMPA, FL 33647

Title: T () Delete
Name: COHEN, ROBERT
Address: 18302 HIGHWOODS PRESERVE PKWY
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: PICCIANO, JOHN
Address: 15310 AMBERLY DR, SUITE 300
City-St-Zip: TAMPA, FL 33647

Title: T (X) Change () Addition
Name: COHEN, ROBERT
Address: 15310 AMBERLY DRIVE, SUITE 300
City-St-Zip: TAMPA, FL 33647

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

SIGNATURE: JAMES E O'SHEA

PS

03/31/2009

Electronic Signature of Signing Officer or Director

Date