

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000052369

FILED
Jan 24, 2012
Secretary of State

Entity Name: CENTRAL FLORIDA RECOVERY CENTERS, INC.

Current Principal Place of Business:

6900 TURKEY LAKE RD, STE 1-1
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

6900 TURKEY LAKE RD, STE 1-1
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 04-3664565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GHULLDU, HARBINDER S MD
6900 TURKEY LAKE RD
SUITE 1-1
ORLANDO, FL 32819 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: PSTD
Name: GHULLDU, HARBINDER S MD
Address: 6900 TURKEY LAKE RD SUITE 1-1
City-St-Zip: ORLANDO, FL 32819

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

SIGNATURE: HARBINDER S GHULLDU

PSTD

01/24/2012

Electronic Signature of Signing Officer or Director

Date