

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000059285

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA CENTER FOR RECOVERY INC.

**Current Principal Place of Business:**

3451 WEST MIDWAY ROAD  
FORT PIERCE, FL 34981

**New Principal Place of Business:**

**Current Mailing Address:**

3451 WEST MIDWAY ROAD  
FORT PIERCE, FL 34981

**New Mailing Address:**

**FEI Number:** 04-3698633

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAMILTON, JACK  
8303 S INDIAN RIVER DRIVE  
FORT PIERCE, FL 34982 US

**Name and Address of New Registered Agent:**

HAMILTON, SHAWN  
8303 S INDIAN RIVER DR  
FT PIERCE, FL 34982 US

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: SHAWN HAMILTON

03/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HAMILTON, SHAWN  
Address: 8303 S INDIAN RIVER DR  
City-St-Zip: FT PIERCE, FL 34982

Title: VP  
Name: WEINSTOCK, AUDREY  
Address: 140-06 ROCKAWAY BEACH BLVD  
City-St-Zip: BELLE HARBOR, NY 11694

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: SHAWN HAMILTON

P

03/29/2011

Electronic Signature of Signing Officer or Director

Date