

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132439

Entity Name: ADV RECOVERY CENTER, INC.

FILED
Jun 23, 2009
Secretary of State

Current Principal Place of Business:

1300 PART OF COMMERCE BLVD, NW 17TH
200
DELRAY BEACH, FL 33445

Current Mailing Address:

1300 PART OF COMMERCE BLVD, NW 17TH
200
DELRAY BEACH, FL 33445

FEI Number: 20-3544639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

1300 NW 17TH AVE.
200
DELRAY BEACH, FL 33445

New Mailing Address:

1300 NW 17TH AVE.
200
DELRAY BEACH, FL 33445

Name and Address of Current Registered Agent:

SIEGEL, WILLIAM
250 AUSTRALIAN AVE. SOUTH, SUITE 1100
W. PALM BCH, FL 33401 US

Name and Address of New Registered Agent:

CABELA, CHARLES
1300 NW 17TH AVE.
SUITE 200
DELRAY, FL 33445 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: CHARLES CABELA

06/23/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CABELA, CHARLES
Address: 1226 NW 19TH TERRACE
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP () Delete
Name: CABELA, DONA J
Address: 1226 NW 19TH TERRACE
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CHARLES CABELA

D

06/23/2009

Electronic Signature of Signing Officer or Director

Date