

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132439

FILED
Apr 27, 2011
Secretary of State

Entity Name: ADV RECOVERY CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 6428
DELRAY BEACH, FL 33482

FEI Number: 20-3544639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ROBERT LEE SHAPIRO, P.A.
2401 PGA BLVD
SUITE 272
PALM BEACH GARDENS, FL 33410 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: ROBERT LEE SHAPIRO, P.A.

04/27/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CABELA, CHARLES
Address: P.O. BOX 6428
City-St-Zip: DELRAY BEACH, FL 33482

Title: VP
Name: CABELA, DONA J
Address: P.O. BOX 6428
City-St-Zip: DELRAY BEACH, FL 33482

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: CHARLES CABELA

P

04/27/2011

Electronic Signature of Signing Officer or Director

Date