2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2011
Secretary of State

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Entity Name: RECOVERY INSTITUTE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1080 SE 3RD AVENUE
1ST FLR
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

P O BOX 290430
DAVIE, FL 33329

New Mailing Address:

FEI Number: 84-1703525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PHIAMBOLIS, MARGARET
1080 SE 3RD AVENUE
1ST FLR
FORT LAUDERDALE, FL 33316 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: LIVORSI, TERRANCE
Address: 2149 OAKDALE AVE
City-St-Zip: GLENSIDE, PA 19038

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: TERRANCE LIVORSI PSTD 05/01/2011

Electronic Signature of Signing Officer or Director — Date