2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
04-11-2008 90061 015 ***150.00

DOCUMENT # P07000084084
1. Entity Name
RECOVERY CENTERS OF AMERICA INC.

Principal Place of Business	Mailing Address
~~11501 HIGHWAY 27 SOUTH #16~~ ~~SEBRING, FL 33876 US~~	26 ELMWOOD DR. DESTREHAN, LA 70047 US

66009748

02062008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
117 Villa Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Placid, Fl	City & State
Zip: 33852 Country: USA	Zip Country

4. FEI Number: 26-0602197 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~FLORIDA-INCORPORATIONS.NET INC~~
~~9219 CORAL RIDGE DR.~~
~~CORAL SPRINGS, FL 33065~~

7. Name and Address of New Registered Agent

Name: Michael Hartman
Street Address (P.O. Box Number is Not Acceptable): 117 Villa Avenue
City: Lake Placid FL Zip Code: 33852

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOORE, BLANCHE 26 ELMWOOD DR. DESTREHAN, LA 70047	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MOORE, James H	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HARTMAN, MICHAEL 11501 HIGHWAY 27 SOUTH #16 SEBRING, FL 33876	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Hartman, Michael 117 Villa Avenue Lake Placid, FL, 33852	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Hartman 2/15/08 (863) 214 8558 Michael Hartman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #