2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 17 AM 10:57

DOCUMENT # P07000084084

1. Entity Name
RECOVERY CENTERS OF AMERICA INC.

Principal Place of Business	Mailing Address
117 VILLA AVENUE LAKE PLACID, FL ~~37852~~ US 33852	~~26 ELMWOOD DR.~~ 117 VILLA AVE ~~DESTREHAN, LA 70047 US~~ LAKE PLACID, FL 33852

05292008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
110 Medical Center	117 Villa Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Sebring, FL	Lake Placid, FL
City & State	City & State
33870	33852
Zip / Country	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

HARTMAN, MICHAEL
117 VILLA AVENUE
LAKE PLACID, FL 37852

7. Name and Address of New Registered Agent

Name: Hartman, Michael
Street Address (P.O. Box Number is Not Acceptable): 117 Villa Ave
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: Michael Hart[signature] DATE: 6/13/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

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, JAMES H 26 ELMWOOD DR. DESTREHAN, LA 70047	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 10013144786 1 06/18/08--01037--016 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ P HARTMAN, MICHAEL 117 VILLA AVENUE LAKE PLACID, FL ~~37852~~ 33852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B. 6/17/08	☐ 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: [signatures] 6-13-2008 863 [illegible] / 6-6-2008 985-764-0025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #