

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000106827

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** RECOVERY SOLUTIONS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

824 SW 13TH STREET  
FT. LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

6278 N. FEDERAL HWY.  
PMB 392  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

1314 E LAS OLAS BLVD  
#1301  
FT. LAUDERDALE, FL 33301

**FEI Number:** 26-1170888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CROCCO, JULIE  
2710 NE 40TH STREET  
FT. LAUDERDALE, FL 33308 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:** CEO  
**Name:** CROCCO, JULIE  
**Address:** 2710 NE 40TH STREET  
**City-St-Zip:** FT. LAUDERDALE, FL 33308

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:** JULIE CROCCO

CEO

01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date