

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000059017

FILED
Apr 12, 2012
Secretary of State

Entity Name: OPIATE RECOVERY CENTER ASSOCIATES INC.

Current Principal Place of Business:

1701 E FT KING STREET
OCALA, FL 34471

New Principal Place of Business:

2215 EAST FORT KING STREET
SUITE C
OCALA, FL 34471 US

Current Mailing Address:

1701 E FT KING STREET
OCALA, FL 34471

New Mailing Address:

2215 EAST FORT KING STREET
SUITE C
OCALA, FL 34471 US

FEI Number: 27-0521819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NICHOLS, SALLY R
1701 E FT KING STREET
OCALA, FL 34471 US

Name and Address of New Registered Agent:

NICHOLS, SALLY R
2215 EAST FORT KING ST.
SUITE C
OCALA, FL 34471 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:

04/12/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: NICHOLS, SALLY R
Address: 11981 SE CR 25
City-St-Zip: OCKLAWAHA, FL 32179

Title: VP
Name: NICHOLS, WILLIAM P JR
Address: 11981 SE CR 25
City-St-Zip: OCKLAWAHA, FL 32179

Title: CFO
Name: LLOYD, MELISSA L
Address: 4825 NE 105TH PLACE
City-St-Zip: ANTHONY, FL 32617 US

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: SALLY NICHOLS

P

04/12/2012

Electronic Signature of Signing Officer or Director

Date