

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000068108

Entity Name: HEALTHY RECOVERY INC.

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9020 NW 8 TS APT 51A  
MIAMI, FL 33172

**New Principal Place of Business:**

9020 NW 8 TS  
APT 519  
MIAMI, FL 33172

**Current Mailing Address:**

9020 NW 8 TS APT 51A  
MIAMI, FL 33172

**New Mailing Address:**

P.O.BOX 720104  
MIAMI, FL 33172

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

SAGARRA, RONALD  
9020 NW 8 TS APT 51A  
MIAMI, FL 33172 US

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

SAGARRA, RONALD  
9020 NW 8 TS  
APT 519  
MIAMI, FL 33172 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: RONALD SAGARRA

04/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SAGARRA, RONALD  
Address: 9020 NW 8 TS APT 519  
City-St-Zip: MIAMI, FL 33172

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: RONALD SAGARRA

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04/06/2011

Electronic Signature of Signing Officer or Director

Date