

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000092999

**FILED**  
**Aug 31, 2011**  
**Secretary of State**

**Entity Name:** LIGHTHOUSE RECOVERY PLACE, INC

**Current Principal Place of Business:**

5313 COLLINS AVE  
APT 1102  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

**Current Mailing Address:**

5313 COLLINS AVE  
APT 1102  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

**FEI Number:** 27-3945034

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NODARSE, SARAH  
5313 COLLINS AVE  
APT 1102  
MIAMI BEACH, FL 33140 US

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

BRADY, JOSEPH  
5313 COLLINS AVE  
APT 1102  
MIAMI BEACH, FL 33140 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: JOSEPH BRADY

08/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BRADY, JOSEPH III  
Address: 5313 COLLINS AVE #1102  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP  
Name: NODARSE, SARAH  
Address: 5313 COLLINS AVE #1102  
City-St-Zip: MIAMI BEACH, FL 33140 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: JOSEPH BRADY

P

08/31/2011

Electronic Signature of Signing Officer or Director

Date