

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000054209

FILED
Apr 09, 2012
Secretary of State

Entity Name: RECOVERY FIRST MEDICAL GROUP INC.

Current Principal Place of Business:

1751 SE CARVALHO STREET
PORT SAINT LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

1751 SE CARVALHO STREET
PORT SAINT LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 45-2535277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
SUITE A
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

HAMILTON, SHAWN
1751 SE CARVALHO ST
PORT ST LUCIE, FL 34983 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: SHAWN HAMILTON

04/09/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P, D
Name: HAMILTON, SHAWN
Address: 1751 SE CARVALHO STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: S, D
Name: SLAYNE, ELIZABETH J
Address: 157 SW TODD AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: VP, D
Name: WEINSTOCK, AUDREY
Address: 140-06 ROCKAWAY BEACH BLVD
City-St-Zip: BELLE HARBOR, NY 11694 US

Title: VP, D
Name: SLAYNE, SHAYE M
Address: 2223 SE MONTROSE LN
City-St-Zip: PORT ST LUCIE, FL 34952

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: SHAYE SLAYNE

VP

04/09/2012

Electronic Signature of Signing Officer or Director

Date