

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000089925

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**Entity Name:** RECOVERY AND WELLNESS CENTER, INC.

**Current Principal Place of Business:**

3367 WEST VINE ST  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

3367 WEST VINE ST STE 203  
KISSIMMEE, FL 34741

**Current Mailing Address:**

3367 WEST VINE ST  
KISSIMMEE, FL 34741

**New Mailing Address:**

3367 WEST VINE ST STE 203  
KISSIMMEE, FL 34741

**FEI Number:** 45-3580675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARECHAVALETA, MICHEL  
9242 SW 36 STREET  
MIAMI, FL 33165 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: P/D  
Name: KARDEC, NAZNEEN  
Address: 918 SAN CARLOS WAY  
City-St-Zip: KISSIMMEE, FL 34758

Title: V/D  
Name: ARECHAVALETA, MICHEL  
Address: 9242 SW 36 STREET  
City-St-Zip: MIAMI, FL 33165

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: ARECHAVALETA MICHEL

V/D

03/29/2012

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

\_\_\_\_\_  
Date