FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham

1996	DIVISION OF	CORPORATIONS				
	95000009054 (4	l)				
RECOVERING TOUCH CL	LINIC, INC.		 	ill de iki ad eki da nii ada	I (fil) est e	1 Etjil Bist 1881
trinoipal Place of Business	Mailret Advisore					
84 NE 5 STREET						
DELRAY BEACH FL 33483		84 NE 5 STREET Delray beach Fl 33483				
			3. Date Incorporated or Qua 01/30/1995	lified 3a. Date	of Last Re	eport
Pendipal Place of Business	2a. Mailing Address		4. FEI Number		A	Applied For
Contraction of	26		(as - 05	74139	N	lot Applicable
Suite, Apl. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desire	ed 🔲		Additional Required
City & State	Oity & State 28		Election Campaign Finance Trust Fund Contribution	ing 🔲) May Be I to Fees
Zip Gountry	Zip	Country	8. This corporation has liabili			
9. Name and Address	29 s of Current Registered Agent	30]	Florida Statutes 25 10. Name and Address of N	Yes No		
		81 Name	IV. Name and Address of h	New Hegistereo A	gent	
BERRY, JULIE		82 Street Add	Ison (D.C. Da. N b N			
84 NE 5 STREET		82 Street Add	dress (P.O. Box Number is Not Acc	ceptable)		
		83				
DELRAY BEACH FL 33483						
DELRAY BEACH FL 33483		84 City			0E 7m	Code
		84 City		FL	1 . ,	Code
Pursuant to the provisions of Section or registered agent, or both, in the S	is 607.0502 and 607.1508, Florida Statuti tate of Florida, Such change was authoriz	es, the above named corpo	eration submits this statement for the	· · · · · · · · · · · · · · · · · · ·		
Persuant to the provisions of Section or registered agent or both, in the S birnilar with, and accept the obligation	is 607.0502 and 607.1508, Florida Statut tate of Florida, Suich change was authoriz ons of Section 607.0505, Florida Statutes	es, the above named corpo	oration submits this statement for the ard of directors. Thereby accept the	· · · · · · · · · · · · · · · · · · ·		
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING FICER OR DIRECTOR

3/5/96