

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000015745

FILED
Oct 04, 2012
Secretary of State

Entity Name: COVE RECOVERY CENTER, INC.

Current Principal Place of Business:

5851 NW 28 ST
LAUDERHILL, FL 33313

New Principal Place of Business:

Current Mailing Address:

5851 NW 28 ST
LAUDERHILL, FL 33313

New Mailing Address:

FEI Number: 65-0732716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPAW, SUSAN
5851 NW 28 ST
LAUDERHILL, FL 33313 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: D
Name: SPAW, SUSAN
Address: 5851 NW 28 ST
City-St-Zip: LAUDERHILL, FL 33313

Title: VP
Name: SPAW, WILLIAM C
Address: 5851 NW 28 ST
City-St-Zip: LAUDERHILL, FL 33313

Title: S/T
Name: SPAW, WILLIAM C
Address: 5851 NW 28 ST
City-St-Zip: LAUDERHILL, FL 33313

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: SUSAN SPAW

P

10/04/2012

Electronic Signature of Signing Officer or Director

Date