

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000068145

Entity Name: RAPID RECOVERY, INC.

FILED
Apr 20, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX 08190
FT. MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 08190
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 65-0934924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROFESSIONAL SERVICES OF FORT MY
ERS, INC.
13611 MCGREGOR BLVD, #3
FT. MYERS, FL 33919 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLAHAN, MICHAEL R
Address: 1325 SE 47TH ST STE I
City-St-Zip: CAPE CORAL, FL 33904

Title: STD () Delete
Name: HOLAHAN, CHRISTINA S
Address: 1325 SE 47TH ST STE I
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: C.S. HOLAHAN

STD

04/20/2004

Electronic Signature of Signing Officer or Director

Date