

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000083624

FILED
Feb 14, 2011
Secretary of State

Entity Name: ASSOCIATES IN BEHAVIORAL HEALTH & RECOVERY, INC.

Current Principal Place of Business:

2529 W. BUSCH BLVD
STE. 400
TAMPA, FL 33618 45

New Principal Place of Business:

Current Mailing Address:

2529 W. BUSCH BLVD
STE. 400
TAMPA, FL 33618 45

New Mailing Address:

FEI Number: 59-3599561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANKS, MAUREEN J
2529 W. BUSCH BLVD
STE. 400
TAMPA, FL 33618 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
Name: BANKS, MAUREEN
Address: 14320 DIPLOMAT DR
City-St-Zip: TAMPA, FL 33613 US

Title: ST
Name: MC BRIDE, MARY
Address: 3954 SHORESIDE CIRCLE
City-St-Zip: TAMPA, FL 33624 US

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: MAUREEN J BANKS

PRES

02/14/2011

Electronic Signature of Signing Officer or Director

Date