

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathman  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

55 MAY -1 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S61474** (0)  
1. Corporation Name  
**UNIVERSAL RECOVERY AND COUNSELING CENTER, INC.**

|  |  |
|--|--|
| Principal Place of Business                          | Mailing Address                                      |
| 401 N MILLS AVE<br>STE - C<br>ORLANDO FL 32803<br>US | 401 N MILLS AVE<br>STE - C<br>ORLANDO FL 32803<br>US |

DO NOT WRITE IN THIS SPACE.

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>06/11/1991</b>   | 3a. Date of Last Report<br><b>05/01/1994</b> |
| 4. FEI Number<br><b>59-3076334</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                            |
|--------------------------------|----------------------------|
| 2. Principal Place of Business | 2a. Mailing Address        |
| 21 <b>999 Woodcock Rd.</b>     | 26 <b>999 Woodcock Rd.</b> |
| 22 <b>Suite 208</b>            | 27 <b>Suite 208</b>        |
| 23 <b>Orlando, FL.</b>         | 28 <b>Orlando, FL.</b>     |
| 24 <b>32809</b>                | 25 <b>Orange</b>           |
| 29 <b>32803</b>                | 30 <b>Orange</b>           |

9. Name and Address of Current Registered Agent  
**TOLMASOFF, MARY  
9426 WOODBREEZE BLVD.  
WINDERMERE FL 34788**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83  |             |
| 84 City   |             |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when receding) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                              |
|----------------|------------------------------|
| TITLE          | <b>P</b>                     |
| NAME           | <b>TOLMASOFF, MARY</b>       |
| STREET ADDRESS | <b>9426 WOODBREEZE BLVD.</b> |
| CITY, ST, ZIP  | <b>WINDERMERE FL</b>         |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY, ST, ZIP  |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY, ST, ZIP  |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY, ST, ZIP  |                              |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1 2 NAME           |   |
| 1 3 STREET ADDRESS |   |
| 1 4 CITY, ST, ZIP  |   |
| 2 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2 2 NAME           |   |
| 2 3 STREET ADDRESS |   |
| 2 4 CITY, ST, ZIP  |   |
| 3 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3 2 NAME           |   |
| 3 3 STREET ADDRESS |   |
| 3 4 CITY, ST, ZIP  |   |
| 4 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4 2 NAME           |   |
| 4 3 STREET ADDRESS |   |
| 4 4 CITY, ST, ZIP  |   |
| 5 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5 2 NAME           |   |
| 5 3 STREET ADDRESS |   |
| 5 4 CITY, ST, ZIP  |   |
| 6 1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6 2 NAME           |   |
| 6 3 STREET ADDRESS |   |
| 6 4 CITY, ST, ZIP  |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Tolmasoff 4/27/95  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR