

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V29598 (2)

1. Corporation Name

RECOVERY CORNER OF WEST PALM BEACH, INC.

Principal Place of Business

4440 PGA BLVD
STE 203
PALM BEACH GARDENS FL 33410
US

Mailing Address

4440 P.G.A. BLVD
SUITE 203
PALM BEACH GARDENS FL 33410
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/16/1992

3a. Date of Last Report

04/27/1994

4. FEI Number

65-0323166

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETROVICH, STEVEN M.
4440 P.G.A. BLVD
SUITE 203
PALM BEACH GARDENS FL 33410

81 Name

JOSEPH PATERNO

82 Street Address (P.O. Box Number is Not Acceptable)

111 N. Pompano Beach Blvd

83

84

1714
City Pompano

FL

85

Zip Code

33062

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

JOSEPH PATERNO, President

(NOTE: Registered Agent signature required when reappointing)

1/28/95

12. OFFICERS AND DIRECTORS

TITLE

DMTS

NAME

PETROVICH, STEVEN M.

STREET ADDRESS

1601 MIZZENMAST WAY

CITY - ST - ZIP

JUPITER FL

TITLE

DPC

NAME

PATERNO, JOSEPH

STREET ADDRESS

11498 ORANGE BLSS. LANE

CITY - ST - ZIP

BOCA RATON FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

DELETE

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

JOSEPH PATERNO
111 N Pompano Beach Blvd
Pompano Beach FL 33062

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ 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 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH PATERNO

Date

1/28

(Typed Name)