

**2025 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000059017

**Entity Name:** OUTPATIENT RECOVERY CENTER & ASSOCIATES, INC.

**Current Principal Place of Business:**

2631 SE 58TH AVE  
OCALA, FL 34480

**Current Mailing Address:**

2631 SE 58TH AVE  
OCALA, FL 34480 US

**FEI Number:** 27-0521819

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NICHOLS, SALLY R  
2631 SE 58TH AVE  
OCALA, FL 34480 US

*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:** SALLY R NICHOLS

07/15/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            NICHOLS, SALLY R  
Address        2631 SE 58TH AVE  
City-State-Zip: Ocala FL 34480

Title            CFO  
Name            YONGE, MELISSA  
Address        2631 SE 58TH AVE  
City-State-Zip: Ocala FL 34480

*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:** MELISSA YONGE

CFO

07/15/2025

Electronic Signature of Signing Officer/Director Detail

Date