

2025 FLORIDA PROFIT CORPORATION 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

03/31/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VP, CEO
Name WATSON, CHAD
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

03/31/2025

Electronic Signature of Signing Officer/Director Detail

Date