

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000059017

Entity Name: OPIATE RECOVERY CENTER ASSOCIATES INC.

Current Principal Place of Business:

2601 S.E. LAKE WEIR AVENUE
OCALA, FL 34471

Current Mailing Address:

2601 S.E. LAKE WEIR AVENUE
OCALA, FL 34471 US

FEI Number: 27-0521819

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NICHOLS, SALLY R
2601 S.E. LAKE WEIR AVENUE
OCALA, FL 34471 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

04/15/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	VP
Name	NICHOLS, SALLY R	Name	NICHOLS, WILLIAM PJR
Address	11981 SE CR 25	Address	11981 SE CR 25
City-State-Zip:	OCKLAWAHA FL 32179	City-State-Zip:	OCKLAWAHA FL 32179

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: SALLY NICHOLS

PRESIDENT

04/15/2016

Electronic Signature of Signing Officer/Director Detail

Date