2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2017
Secretary of State
CC4835563977

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Entity Name: RECOVERY SOLUTIONS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

4820 HWY 19A
SUITE B
MOUNT DORA, FL 32757

Current Mailing Address:

4820 HWY 19A
SUITE B
MOUNT DORA, FL 32757

FEI Number: 47-3212817

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAND, PAMELA A
4820 HWY 19A
SUITE B
MOUNT DORA, FL 32757 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	HAND, PAMELA A
Address	4820 HWY 19A SUITE B
City-State-Zip:	MOUNT DORA FL 32757

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: PAMELA HAND OWNER 01/20/2017

Electronic Signature of Signing Officer/Director Detail — Date