

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000003606

Entity Name: COMPASSIONATE CARE RECOVERY, INC.

Current Principal Place of Business:

2505 IROQUOIS CIRCLE
WEST PALM BEACH, FL 33409

Current Mailing Address:

3009 EXCHANGE COURT
SUITE G
WEST PALM BEACH, FL 33409 US

FEI Number: 81-4971403

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DRISCOLL, CHRISTINE A MS.
2505 IROQUOIS CIRCLE
WEST PALM BEACH, FL 33409 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 CEO
Name DRISCOLL, CHRISTINE A M.A.
Address 2505 IROQUOIS CIRCLE
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR
Name HARMON-NILES, PAIGE
Address 3009 EXCHANGE COURT
 SUITE G
City-State-Zip: WEST PALM BEACH FL 33409

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: CHRISTINE DRISCOLL

CEO

01/25/2018

Electronic Signature of Signing Officer/Director Detail

Date