2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: BRANCHES RECOVERY CENTERS, INC.

Current Principal Place of Business:

150 KENT RD
STE 1B
SAINT AUGUSTINE, FL 32086

Current Mailing Address:

437 SCRUB JAY DR
ST AUGUSTINE, FL 32092

FEI Number: 26-1119206

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOYLE, LABAN
437 SCRUB JAY DR
ST AUGUSTINE, FL 32092 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	D	Title	DP
Name	COURTNEY, MICHAEL	Name	DOYLE, LABAN
Address	827 W THOMPSON LN	Address	437 SCRUB JAY DR
City-State-Zip:	MURFREESBORO TN 37129	City-State-Zip:	ST AUGUSTINE FL 32092
Title	VP	Title	T
Name	CONNOR, AMY	Name	DOYLE, ASHLEY
Address	765 MEDINA AVE	Address	437 SCRUB JAY DR
City-State-Zip:	ST AUGUSTINE FL 32086	City-State-Zip:	ST AUGUSTINE FL 32092

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LABAN DOYLE DP 02/03/2014

Electronic Signature of Signing Officer/Director Detail — Date