

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000003751

**Entity Name:** I AM RECOVERED INC.

**Current Principal Place of Business:**

3348 CONWAY BLVD  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

3348 CONWAY BLVD  
PORT CHARLOTTE, FL 33952

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BYROM, JAMES O  
3348 CONWAY BLVD  
PORT CHARLOTTE, FL 33952 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 DP  
Name BYROM, JAMES O  
Address 3348 CONWAY BLVD  
City-State-Zip: PORT CHARLOTTE FL 33952

Title DS  
Name SEGARRA, DAVID  
Address 22304 NIAGARA  
City-State-Zip: PORT CHARLOTTE FL 33952

Title DT  
Name REARDON, MICHAEL  
Address 4017 YUCATAN CIRCLE  
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR  
Name EPLIN, MARK A. JR.  
Address 3348 CONWAY BOULEVARD  
City-State-Zip: PORT CHARLOTTE FL 33952

*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:** JAMES O. BYROM

**PRESIDENT**

**02/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date