

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708576

FILED
Mar 19, 2009
Secretary of State

Entity Name: ACHIEVEMENT AND REHABILITATION CENTERS, INC.

Current Principal Place of Business:

10250 NW 53RD STREET
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

ARC BROWARD
SUNRISE, FL 33351 US

New Mailing Address:

10250 NW 53RD STREET
SUNRISE, FL 33351 US

FEI Number: 59-0809623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAAS, DENNIS A ESQ.
ARC BROWARD
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

HAAS, DENNIS A ESQ.
10250 NW 53RD ST.
SUNRISE, FL 33351 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:

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C,D () Delete
Name: PATTISON, STEVE L CPA
Address: 10250 NW 53RD STREET
City-St-Zip: SUNRISE, FL 33351 US

Title: VC,D () Delete
Name: BIER, IRWIN
Address: 10250 NW 53RD STREET
City-St-Zip: SUNRISE, FL 33351 US

Title: VC,D () Delete
Name: LAYSTROM, JR., C. WILLIAM ESQ.
Address: 10250 NW 53RD STREET
City-St-Zip: SUNRISE, FL 33351 US

Title: T,D () Delete
Name: ARENSON, GARY L
Address: 10250 NW 53RD STREET
City-St-Zip: SUNRISE, FL 33351 US

Title: S,D () Delete
Name: SANDS, PAMELA A
Address: 10250 NW 53RD STREET
City-St-Zip: SUNRISE, FL 33351 US

Title: P,D () Delete
Name: HAAS, DENNIS A ESQ.
Address: 10250 NW 53RD ST
City-St-Zip: SUNRISE, FL 33351 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DENNIS HAAS

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

Date