

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708576

FILED
Jan 08, 2010
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:

10250 NW 53RD STREET
SUNRISE, FL 33351 US

New Mailing Address:

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.
10250 NW 53RD ST.
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

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

Title: P,D
Name: HAAS, DENNIS A ESQ
Address: 10250 NW 53RD STREET
City-St-Zip: SUNRISE, FL 33351 US

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: DENNIS A. HAAS

P,D

01/08/2010

Electronic Signature of Signing Officer or Director

Date