

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000003271

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: PEDIATRIC ALTERNATIVE TREATMENT, CARE, HOUSING AND EVALUATION SERVICES, INC.

Current Principal Place of Business:

2812 SAN REMO CIRCLE
HOMESTEAD, FL 33035

New Principal Place of Business:

Current Mailing Address:

2812 SAN REMO CIRCLE
HOMESTEAD, FL 33035

New Mailing Address:

FEI Number: 65-1012818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, RICHARD
FOWLER WHITE BURNETT HURLEY, ET AL.
100 S.E. SECOND STREET 17TH FLOOR
MIAMI, FL 33131 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: D () Delete
Name: SMITH, AZONA KYLE
Address: 2812 SAN REMO CIRCLE
City-St-Zip: HOMESTEAD, FL 33035

Title: D () Delete
Name: SCAVELLA, ROCHELLE
Address: 14102 SW 110TH AVENUE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: IPPOLITO, JOAN
Address: 1731 NW 105TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: BELL, HEATHER
Address: 8991 SW 95TH AVENUE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: CATONE, PATRICIA
Address: 1044 K SO INDEPENDENCE AVENUE
City-St-Zip: HOMESTEAD, FL 33034

Title: D () Delete
Name: GAMMON, JANE M
Address: 16521 SW 102ND PL
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, AZONA KYLE MRS
Address: 2812 SAN REMO CIRCLE
City-St-Zip: HOMESTEAD, FL 33035

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: D (X) Change () Addition
Name: GAMMON, JANE M
Address: 19240 SW 312 STREET
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JANE M. GAMMON

D

04/26/2002

Electronic Signature of Signing Officer or Director

_____ Date