

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003271

FILED  
Mar 11, 2011  
Secretary of State

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

**Current Principal Place of Business:**

335 S. KROME AVENUE  
# 102-107  
FLORIDA CITY, FL 33034 US

**New Principal Place of Business:**

335 S. KROME AVENUE  
# 104  
FLORIDA CITY, FL 33034 US

**Current Mailing Address:**

335 S. KROME AVENUE  
#104  
FLORIDA CITY, FL 33034 US

**New Mailing Address:**

335 S. KROME AVENUE  
# 104  
FLORIDA CITY, FL 33034 US

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

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

HOFFMAN, ROBERT M  
9155 S. DADELAND BLVD.  
SUITE 1012  
MIAMI, FL 33156 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: PRES  
Name: SMITH, AZONA K  
Address: 2812 SAN REMO CIRCLE  
City-St-Zip: HOMESTEAD, FL 33035 US

Title: SEC  
Name: SCAVELLA, ROCHELLE A  
Address: 5575 N.W. WESLEY COURT  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

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

Title: TRES  
Name: SCAVELLA, ROCHELLE A  
Address: 5575 N.W. WESLEY COURT  
City-St-Zip: PORT ST. LUCIE, FL 34986 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: AZONA KYLE SMITH

PRES

03/11/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date