

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 01, 2012
Secretary of State**

DOCUMENT# N00000003271

Entity Name: PEDIATRIC ALTERNATIVE TREATMENT, CARE, HOUSING AND EVALUATION SERVICES, INC.**Current Principal Place of Business:**335 S. KROME AVENUE
106
FLORIDA CITY, FL 33034 US**New Principal Place of Business:****Current Mailing Address:**335 S. KROME AVENUE
106
FLORIDA CITY, FL 33034 US**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:**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: IPPOLITO, JOAN D
Address: 1731 NW 105TH AVENUE
City-St-Zip: PEMBROKE PINIE, FL 33026 US**Title:** VP
Name: IPPOLITO, JOAN D
Address: 1731 NW 105TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026 US**Title:** TRES
Name: SMITH, AZONA K
Address: 2812 SAN REMO CIRCLE
City-St-Zip: HOMESTEAD, FL 33035 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 K. SMITH

PRES

08/01/2012

Electronic Signature of Signing Officer or Director

Date