

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007985

FILED  
Mar 02, 2009  
Secretary of State

**Entity Name:** ALTERNATIVE TREATMENT & REHABILITATION SERVICES, INC.

**Current Principal Place of Business:**

2144 SW 82ND PLACE  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

13641 ROANOKE STREET  
DAVIE, FL 33325

**New Mailing Address:**

2144 SW 82ND PLACE  
MIAMI, FL 33155

**FEI Number:** 55-0846655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MINERVINI, JULIE T  
13641 ROANOKE STREET  
DAVIE, FL 33325 US

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

MINERVINI, JOANN  
2144 SW 82ND PLACE  
MIAMI, FL 33155 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: JOANN MINERVINI

03/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: MINERVINI, GARY E  
Address: 2144 SW 82ND PLACE  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: NARDO, VAL  
Address: 875 FITCH DR  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D ( ) Delete  
Name: NELSON, JEFF  
Address: 6250 WILES RD APT 9-101  
City-St-Zip: POMPANO BEACH, FL 33067

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: MINERVINI, RON E  
Address: 2171 SW PANTHER TRACE  
City-St-Zip: STUART, FL 34997

Title: D (X) Change ( ) Addition  
Name: NARDO, VAL  
Address: 875 FITCH DR  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D ( ) Change (X) Addition  
Name: NELSON, JEFF  
Address: 6250 WILES RD APT 9-101  
City-St-Zip: POMPANO BEACH, FL 33067

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: GARY MINERVINI

PSTD

03/02/2009

Electronic Signature of Signing Officer or Director

Date