

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007985

FILED
Feb 20, 2012
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:

2144 SW 82ND PLACE
MIAMI, FL 33155

New Mailing Address:

FEI Number: 55-0846655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

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

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

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: GARY MINERVINI

PSTD

02/20/2012

Electronic Signature of Signing Officer or Director

Date