

P0700008 6684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

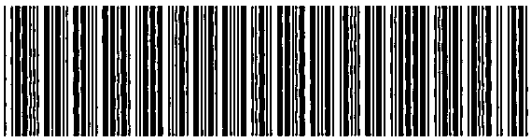
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400135520684

09/15/08--01040--007 **35.00

Lo chy

08 SEP 15 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A New Day Treatment Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000086684

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Slinsky
(Name of Contact Person)

A New Day Treatment Services, Inc.
(Firm/Company)

1840 Holman Drive
(Address)

North Palm Beach, Florida 33408
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Slinsky at (561) 427-9525
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

