

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708576

FILED
Feb 13, 2013
Secretary of State
CC5205460162

Entity Name: ACHIEVEMENT AND REHABILITATION CENTERS, INC.

Current Principal Place of Business:

10250 NW 53RD STREET
SUNRISE, FL 33351

Current Mailing Address:

10250 NW 53RD STREET
SUNRISE, FL 33351 US

FEI Number: 59-0809623

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAAS, DENNIS AESQ.
10250 NW 53RD ST.
SUNRISE, FL 33351 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, OFFICER
Name PATTISON, STEVE LCPA
Address 10250 NW 53RD STREET
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR
Name LAYSTROM, JR., C. WILLIAM ESQ.
Address 10250 NW 53RD STREET
City-State-Zip: SUNRISE FL 33351

Title CHAIRMAN, OFFICER
Name ARENSON, GARY LCPA
Address 10250 NW 53RD STREET
City-State-Zip: SUNRISE FL 33351

Title VC
Name SANDS, PAMELA A
Address 10250 NW 53RD STREET
City-State-Zip: SUNRISE FL 33351

Title P, D, OFFICER
Name HAAS, DENNIS AESQ
Address 10250 NW 53RD STREET
City-State-Zip: SUNRISE FL 33351

Title SECRETARY
Name PARKE, ANDRE
Address 10250 NW 53RD STREET
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR
Name JACOBS, RONALD
Address 10250 NW 53RD STREET
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR
Name SOLTERO, RAFAEL
Address 10250 NW 53RD STREET
City-State-Zip: SUNRISE FL 33351

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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: DENNIS HAAS

PRESIDENT / CEO

02/13/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NISSINOFF, DAVID
Address 10250 NW 53RD STREET
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR
Name GREGSON, KEN
Address 10250 NW 53RD STREET
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR
Name COHEN, DAVID
Address 10250 NW 53RD STREET
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR
Name MURRAY, JOSH
Address 10250 NW 53RD STREET
City-State-Zip: SUNRISE FL 33351