

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708576

FILED
Jan 15, 2015
Secretary of State
CC6335607332

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

Title OFFICER, TREASURER
Name ARENSON, GARY LCPA
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 CHAIRMAN, OFFICER
Name GREGSON, KEN
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

Title DIRECTOR
Name TRAVISANO, JACKIE
Address 10250 NW 53 STREET
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR
Name BOWER, TANYA
Address 10250 NW 53 STREET
City-State-Zip: SUNRISE FL 33351

Title VC
Name TAYLOR, GEORGE
Address 10250 NW 53 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

CEO

01/15/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name CHERYL, DUKE
Address 10250 NW 53RD STREET
City-State-Zip: SUNRISE FL 33351

Title OFFICER
Name LOPEZ, ROSY
Address 10250 NW 53RD STREET
City-State-Zip: SUNRISE FL 33351

Title OFFICER
Name CAROLYN, DAVIS
Address 10250 NW 53RD STREET
City-State-Zip: SUNRISE FL 33351

Title OFFICER
Name EATON, DOUG
Address 10250 NW 53RD STREET
City-State-Zip: SUNRISE FL 33351

Title OFFICER
Name MICHAEL, GOODMAN
Address 10250 NW 53RD STREET
City-State-Zip: SUNRISE FL 33351