

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711281

Entity Name: DRUG ABUSE TREATMENT ASSOCIATION, INC.

Current Principal Place of Business:

1016 CLEMONS ST. SUITE 300
JUPITER, FL 33477

Current Mailing Address:

1016 CLEMONS ST. SUITE 300
JUPITER, FL 33477

FEI Number: 59-1363887

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FOWLER, JOHN CEO
1016 CLEMONS ST, ST300
JUPITER, FL 33477 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 DP
Name ROGERS, ERSKINE
Address 852 COUNTRY CLUB DRIVE
City-State-Zip: NORTH PALM BEACH FL 33408

Title DS
Name MOHLER, SALLYANN
Address 601 LIGHTHOUSE DRIVE
City-State-Zip: NORTH PALM BEACH FL 33408

Title DVP
Name TAPLETT, MARK
Address 15653 75TH AVENUE NORTH
City-State-Zip: PALM BEACH GARDENS FL 33418

Title PRESIDENT
Name FOWLER, JOHN
Address 16185 77TH TRAIL NORTH
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DT
Name FRECHETTE, GARY
Address 3101 PGA BLVD
City-State-Zip: PALM BEACH GARDENS FL 33410

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: JOHN FOWLER

PRESIDENT/CEO

01/29/2014

Electronic Signature of Signing Officer/Director Detail

Date