

**2015 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**

**01/29/2015**

Electronic Signature of Signing Officer/Director Detail

Date