

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728992

**Entity Name:** ALCOHOLIC REHAB, INC.

**Current Principal Place of Business:**

2625 MARKET ST  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

2625 MARKET ST  
JACKSONVILLE, FL 32206 US

**FEI Number:** 23-7410323

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILSON, EILEEN H  
6016 BLANK DRIVE  
JACKSONVILLE, FL 32244 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 P/D  
Name CAREY, G. JO  
Address 3610 TIMUQUANA RD..  
City-State-Zip: JACKSONVILLE FL 32210

Title VD  
Name KOCH, KEN  
Address 260 SARA DR..  
City-State-Zip: JACKSONVILLE FL 32218

Title TD  
Name WILSON, EILEEN  
Address 6016 BLANK DR.  
City-State-Zip: JACKSONVILLE FL 32244

*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:** EILEEN H. WILSON

**TREASURER-DIRECTOR**

**04/27/2013**

Electronic Signature of Signing Officer/Director Detail

Date