

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003271

Entity Name: PEDIATRIC ALTERNATIVE TREATMENT, CARE, HOUSING AND EVALUATION SERVICES, INC.**FILED**
Feb 07, 2019
Secretary of State
8283292788CC**Current Principal Place of Business:**335 S. KROME AVENUE
106
FLORIDA CITY, FL 33034**Current Mailing Address:**335 S. KROME AVENUE
106
FLORIDA CITY, FL 33034 US**FEI Number: 65-1012818****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MAAS, JOHN P
44 NE 16TH STREET
HOMESTEAD, FL 33030 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: JOHN P MAAS****02/07/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	SMITH, AZONA K
Address	2812 SAN REMO CIRCLE
City-State-Zip:	HOMESTEAD FL 33035

Title	SEC
Name	IPPOLITO, JOAN D
Address	1731 NW 105TH AVENUE
City-State-Zip:	PEMBROKE PINIE FL 33026

Title	VP, DIRECTOR
Name	IPPOLITO, JOAN D
Address	1731 NW 105TH AVENUE
City-State-Zip:	PEMBROKE PINES FL 33026

Title	TRES
Name	SMITH, AZONA K
Address	2812 SAN REMO CIRCLE
City-State-Zip:	HOMESTEAD FL 33035

Title	CFO, DIRECTOR
Name	SAPP, STEVEN
Address	34780 SW 188RD
City-State-Zip:	FLORIDA CITY FL 33034

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: STEVEN SAPP**CFO/TREASURER****02/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date