| DOCUMENT# N0300007985 |
|--|
| Entity Name: ALTERNATIVE TREATMENT & REHABILITATION SERVICES, INC. |
| Current Principal Place of Business: |

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

2144 SW 82ND PLACE MIAMI, FL 33155

Current Mailing Address:

2144 SW 82ND PLACE MIAMI, FL 33155

FEI Number: 55-0846655

Name and Address of Current Registered Agent:

MINERVINI, JOANN 2144 SW 82ND PLACE MIAMI, FL 33155 US Certificate of Status Desired: No

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

Officer/Director Detail :

| | Title | PSTD | Title | D |
|--|-----------------|----------------------------|-----------------|---|
| | Name | MINERVINI, GARY E | Name | MINERVINI, RON E |
| | Address | 2144 SW 82ND PLACE | Address | 2171 SW PANTHER TRACE |
| | City-State-Zip: | MIAMI FL 33155 | City-State-Zip: | STUART FL 34997 |
| | | | | |
| | | | | |
| | Title | D | Title | D |
| | Title Name | D NARDO, VAL | Title Name | D WILFREDO, ROSAIRO |
| | | | | WILFREDO, ROSAIRO 2880 W OAKLAND PARK BLVD |
| | Name Address | NARDO, VAL 875 FITCH DR | Name | WILFREDO, ROSAIRO |
| | Name | NARDO, VAL 875 FITCH DR | Name | WILFREDO, ROSAIRO 2880 W OAKLAND PARK BLVD |

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: MINERVINI, GARY E | PSTD |
|------------------------------|------|
|------------------------------|------|

Electronic Signature of Signing Officer/Director Detail

04/10/2017

Date

Date