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

2014 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 :

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
	Name	NARDO, VAL	Name	NELSON, JEFF
	Address	875 FITCH DR	Address	6250 WILES RD APT 9-101
	0.1.01.01.7.		Citv-State-Zip:	POMPANO BEACH FL 33067
	City-State-Zip:	WEST PALM BEACH FL 33415		

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: GARY E. MINERVINI

PRESIDENT

01/08/2014

Date

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 08, 2014 Secretary of State CC3953928938