

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000008315

**Entity Name:** ADDICTION ABATEMENT, INC

**Current Principal Place of Business:**

817 NE 4TH AVENUE  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

4131 NE 21 ST TERRACE  
1140  
LIGHTHOUSE POINT, FL 33064 UN

**FEI Number: 83-4030947**

**Certificate of Status Desired: No**

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

BROWN, KIMBERLY  
1314 E LAS OLAS BLVD  
1140  
FORT LAUDERDALE, FL 33301 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            PRES  
Name            BROWN, KIMBERLY  
Address        1314 E LAS OLAS BLVD  
                  1140  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            VP  
Name            KRESH, ARI  
Address        1314 E LAS OLAS BLVD  
                  1140  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            TRES  
Name            NAMER, JACK  
Address        1314 E LAS OLAS BLVD  
                  1140  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            SECRETARY  
Name            KOSKI, JARROD  
Address        1314 E LAS OLAS BLVD  
                  1140  
City-State-Zip: FORT LAUDERDALE FL 33301

*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: KIMBERLY A BROWN**

**PRES**

**04/12/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date