

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708576

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** ACHIEVEMENT AND REHABILITATION CENTERS, INC.

**Current Principal Place of Business:**

10250 NW 53RD STREET  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

ARC BROWARD  
SUNRISE, FL 33351 US

**New Mailing Address:**

10250 NW 53RD STREET  
SUNRISE, FL 33351 US

**FEI Number:** 59-0809623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAAS, DENNIS A ESQ.  
ARC BROWARD  
SUNRISE, FL 33351 US

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

HAAS, DENNIS A ESQ.  
10250 NW 53RD ST.  
SUNRISE, FL 33351 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:

03/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C,D ( ) Delete  
Name: PATTISON, STEVE L CPA  
Address: 10250 NW 53RD STREET  
City-St-Zip: SUNRISE, FL 33351 US

Title: VC,D ( ) Delete  
Name: BIER, IRWIN  
Address: 10250 NW 53RD STREET  
City-St-Zip: SUNRISE, FL 33351 US

Title: VC,D ( ) Delete  
Name: LAYSTROM, JR., C. WILLIAM ESQ.  
Address: 10250 NW 53RD STREET  
City-St-Zip: SUNRISE, FL 33351 US

Title: T,D ( ) Delete  
Name: ARENSON, GARY L  
Address: 10250 NW 53RD STREET  
City-St-Zip: SUNRISE, FL 33351 US

Title: S,D ( ) Delete  
Name: SANDS, PAMELA A  
Address: 10250 NW 53RD STREET  
City-St-Zip: SUNRISE, FL 33351 US

Title: P,D ( ) Delete  
Name: HAAS, DENNIS A ESQ.  
Address: 10250 NW 53RD ST  
City-St-Zip: SUNRISE, FL 33351 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DENNIS HAAS

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

Date