2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711281

FILED Jan 07, 2009 Secretary of State

Entity Name: DRUG ABUSE TREATMENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1720 E. TIFFANY DRIVE, E. SUITE 102

WEST PALM BEACH, FL 334073235

New Mailing Address: Current Mailing Address:

1016 CLEMONS STREET SUITE 200 JUPITER, FL 33477

FEI Number: 59-1363887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MIDDLETON, PAM PRES./CEO 1016 CLEMONS ST, ST 200 JUPITER, FL 33477

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DS (X) Change () Addition () Delete

HUNECKE, JENNIFER PACKARD, PATRICIA Name: Name: 1944 NE LAKE PL Address: 711 IBIS WAY Address:

City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DΡ Title: (X) Change () Addition () Delete FRECHETE, GARY Name: FRECHETE, GARY Name:

Address: 3101 PGA BLVD Address: 3101 PGA BLVD City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DVP () Delete Title: (X) Change () Addition PASCARELLA, MARYANN PASCARELLA, MARYANN Name: Name: Address: 1007 SEAWAY DRIVE Address: 1007 SEAWAY DRIVE City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949

Title: DT () Delete Title: D (X) Change () Addition

BIRD, DANIEL Name: BIRD, DANIEL Name: 3209 VIRGINA AVE Address: 3209 VIRGINA AVE Address: City-St-Zip: FORT PIERCE, FL 34981 City-St-Zip: FORT PIERCE, FL 34981

Title: () Delete Title: () Change (X) Addition

PRAEG, DEBORAH Name: Name: 15700 70TH TRAIL N Address: Address: City-St-Zip: City-St-Zip: NORTH PALM BEACH, FL 33418

Title: () Delete Title: () Change (X) Addition MOHLER, SALLYANN Name: Name:

Address: Address: 4910 PACIFICO

PALM BEACH GARDENS, FL 33418 City-St-Zip: 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: PAM MIDDLETON **PRES** 01/07/2009