FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **723887** **(6)**

1. Corporation Name

COMPREHENSIVE ALCOHOLISM REHABILITATION PROGRAMS , INC

Principal Place of Business	Mailing Address
5400 EAST AVE W. PALM BEACH FL 33407 US	P.O. BOX 2507 WEST PALM BEACH FL 33407 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1972
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-1447364 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29: 33402 / Country 30

9. Name and Address of Current Registered Agent

E. HAMILTON AND CO., P.A.
1551 FORUM PLACE
SUITE 200A
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Samuel Susi, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 1900 Glades Road
83: Suite 280
84 City: Boca Raton FL 85 Zip Code: 33431

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: 4/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	CARPENTER, PEGGY	12 NAME	Carpenter, Peggy	
STREET ADDRESS	13072 CASEY ROAD	13 STREET ADDRESS	303 Banyan Blvd.	
CITY-ST-ZIP	LOXAHATCHEE FL	14 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	PD	21 TITLE	D	☒ Change ☐ Addition
NAME	DAVIS, ZELL JR.	22 NAME	Davis, Zell Jr.	
STREET ADDRESS	3001 LAKE DIRVE	23 STREET ADDRESS	3001 Lake Drive	
CITY-ST-ZIP	RIVIERA BEACH FL	24 CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	VD	31 TITLE	PD	☒ Change ☐ Addition
NAME	ADKINS, WILLIAM R. MD	32 NAME	Adkins, William R. MD	
	[redacted]	33 STREET ADDRESS	3702 Broadway	
	WEST PALM BEACH FL	34 CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	TD	41 TITLE	TD	☐ Change ☒ Addition
NAME	HENDERSON, JOE	42 NAME	Hamilton, Harry	
STREET ADDRESS	6801 LAKE WORTH ROAD	43 STREET ADDRESS	800 N. Flagler Drive	
CITY-ST-ZIP	LAKE WORTH FL	44 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	SD	51 TITLE	VD	☒ Change ☐ Addition
NAME	KINSEY, CASSANDRA P	52 NAME	Kinsey, Cassandra	
STREET ADDRESS	2927 EMBASSY DRIVE	53 STREET ADDRESS	2927 Embassy Drive	
CITY-ST-ZIP	WEST PALM BEACH FL	54 CITY-ST-ZIP	West Palm Beach, FL 33408	
TITLE	D	61 TITLE	SD	☐ Change ☒ Addition
NAME	ARENSON, EDWARD B.	62 NAME	O'Connor, Lois	
STREET ADDRESS	11188 CURRY ROAD	63 STREET ADDRESS	224 Valencia Road	
CITY-ST-ZIP	PALM BEACH GARDENS	64 CITY-ST-ZIP	West Palm Beach, FL 33401	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 12 or Block 13 if changed or added to the report with an arrow.

SIGNATURE: _____ 4-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Dr. William R. Adkins MD — Date — Daytime Phone #

0047762