2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# 723887

Entity Name: COMPREHENSIVE ALCOHOLISM REHABILITATION PROGRAMS, INC

Current Principal Place of Business:

5400 EAST AVE
W. PALM BEACH, FL 33407 US

New Principal Place of Business:

5410 EAST AVE
W. PALM BEACH, FL 33407 US

Current Mailing Address:

P.O. BOX 2507
WEST PALM BEACH, FL 33402 US

New Mailing Address:

FEI Number: 59-1447364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KURTZ, JOHN D
1280 N. CONGRESS AVE, SUITE 107
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DAVIS, ZELL JR.
Address: 3001 LAKE DRIVE
City-St-Zip: SINTER ISLAND, FL 33404

Title: V ( ) Delete
Name: HAMILTON, HARRY
Address: 800 N FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S ( ) Delete
Name: NEEDLE, ROBERT
Address: 5261 VILLAGE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33406

Title: T ( ) Delete
Name: MILLER, PARK
Address: 2090 PALM BEACH LAKES BLVD.
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: WEINTZ, TODD
Address: 1306 S. LAKESIDE DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: P (X) Change ( ) Addition
Name: HAMILTON, HARRY S
Address: 800 N FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: V (X) Change ( ) Addition
Name: NEEDLE, ROBERT
Address: 5201 VILLAGE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S (X) Change ( ) Addition
Name: MILLER, PARK
Address: 239 TANGIER AVENUE
City-St-Zip: PALM BEACH, FL 33480

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: HARRY S. HAMILTON P 05/05/2009

Electronic Signature of Signing Officer or Director — Date