2002 UNIFORM BUSINESS REPORT (UBR)

Jul 23, 2002 8:00 am **DOCUMENT # 728992** Secrétary of State 1. Entity Name 07-23-2002 90338 022 ****61 ALCOHOLIC REHAB, INC. Principal Place of Business Mailing Address 2625 MARKET ST 2625 MARKET ST JACKSONVILLE FL 32206 JACKSONVILLE FL 32206 2. Principal Place of Business 3. Mailing Address 2625 Market St. 2625 Market St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 23-7410323 Not Applicable Jacksonville, Jacksonville, El Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired П 32206 US 32206 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Egan, James J. Street Address (P.O. Box Number is Not Acceptable) EGAN, JAMES J. <u>9951 Atlantic Blvd.</u> 9951 ATLANTIC BLVD. **STE 404** Zip Code JACKSONVILLE FL 32225 32225 <u>Jacksonville</u> 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing After September 13, 2002, \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Change PD ☐ Addition TITLE Delete TITLE PD NAME WILSON, WILLIS H NAME Peter Beiersdorf STREET ADDRESS STREET ADDRESS 2961 SELMA ST 2625 N. Market St. Jacksonville, £1 32206 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32205 Change TITI F VPD ☐ Delete TITLE ☐ Addition WPD 2 ZUERCHER, MARTY NAME NAME Éileen Wilson STREET ADDRESS STREET ADDRESS 9476 VALERIE ST 2961eselmasse CITY-ST-ZIP CITY-ST-ZIF JACKSONVILLE FL 32208 Change ☐ Addition TIT! F TITLE ☐ Defete VPD NAME ZUERCHER, FREDA NAME George Neff² STREET ADDRESS STREET ADDRESS 9476 VALERIE ST 5227 Rollins Ave. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32208 Jacksonville, Fl 32207 Change Addition TITLE ☐ Delete TITL E ŦĐ, SANDERS, TOMMY NAME NAME Tommy Sanders STREET AODRESS STREET ADDRESS 1220 LANA ROAD 1220 Lana Rd. Yulee, Fl CITY-ST-ZIP CITY-ST-ZIP YULEE FL 32097 32097 ST ☐ Delete ŜТ ☐ Addition TITLE NAME HARRIS, TRAUTE Traute Harris 1220 Lana Rd. STREET ADDRESS 1220 LANA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP YULEE FL 32097 Yulee, Fl ∵ Change TITLE ☐ Delete TITLE ☐ Addition Ŧ NEFF, GEORGE NAME Willis Wilson STREET ADDRESS STREET ADDRESS 5227 ROLLINS AVE 2961 Selma St. Jacksonville, F132205 CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32207

12. I hereby certify that the information supplied with 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED