

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728992

FILED  
Apr 26, 2008  
Secretary of State

Entity Name: ALCOHOLIC REHAB, INC.

## Current Principal Place of Business:

2625 MARKET ST  
JACKSONVILLE, FL 32206 US

## New Principal Place of Business:

## Current Mailing Address:

2625 MARKET ST  
JACKSONVILLE, FL 32206 US

## New Mailing Address:

FEI Number: 23-7410323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILSON, EILEEN H  
6016 BLANK DRIVE  
JACKSONVILLE, FL 32244 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/M ( ) Delete  
Name: WILSON, EILEEN H  
Address: 6016 BLANK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: VD ( ) Delete  
Name: LUCAS, JOHN  
Address: 5219 SUNDERLAND RD.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD ( ) Delete  
Name: HOTHAM, RICHARD E  
Address: 9441 BEAUCLERC COVE RD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD (X) Delete  
Name: REEVES, ROBERT  
Address: 555 BIRD ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD (X) Delete  
Name: ZUERCHER, JAMES  
Address: 9009 WESTERN LAKE, #1303  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Delete  
Name: RADCLIFFE, RUTH  
Address: 5201 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/M (X) Change ( ) Addition  
Name: RADCLIFFE, RUTH  
Address: 5201 ATLANTIC BLVD., #166  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD (X) Change ( ) Addition  
Name: LONERGAN, TONI  
Address: 2625 N. MARKET ST.  
City-St-Zip: JACKSONVILLE, FL 32206

Title: VD (X) Change ( ) Addition  
Name: WILSON, EILEEN  
Address: 6016 BLANK DR.  
City-St-Zip: JACKSONVILLE, FL 32244

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: EILEEN H. WILSON

VD

04/26/2008

Electronic Signature of Signing Officer or Director

Date