SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:27

DOCUMENT # 738114 (8)

1. Corporation Name
PROFESSIONAL COMPREHENSIVE ADDICTION SERVICES, I NC.

Principal Place of Business	Mailing Address
6150 150TH AVE. NORTH CLEARWATER FL 34620 US	6150 150TH AVE. NORTH CLEARWATER FL 34620 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1977
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-1730305 ☐ 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 ☒ FILING FEE IS $61.25
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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~MAESTRE, ROBERT A.~~
~~6150 150TH AVE. NORTH~~
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

B1 Name: RICHARD NEUBERT
B2 Street Address (P.O. Box Number is Not Acceptable): 6150 150th AVENUE N.
B3
B4 City: CLEARWATER FL B5 Zip Code: 34620

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] RICHARD NEUBERT 6-15-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE		☐ Change ☐ Addition
NAME	ESTRADA, MIGUEL D.	12 NAME		
STREET ADDRESS	1973 PROMENADE WAY	13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	GERARD, ERIC S.	22 NAME		
STREET ADDRESS	2533 12TH AVENUE SOUTH WEST	23 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	24 CITY-ST-ZIP		
TITLE	~~VD~~	31 TITLE	VD	☒ Change ☐ Addition
NAME	~~CAGEY, LUCILE~~	32 NAME	ROBERT VOLLBRACHT	
STREET ADDRESS	~~8235 SAN MATEO STREET~~	33 STREET ADDRESS	1011 JEFFORDS - BLDG A	
CITY-ST-ZIP	~~CLEARWATER FL~~	34 CITY-ST-ZIP	CLEARWATER FL 34616-4095	
TITLE	~~SD~~	41 TITLE		☐ Change ☐ Addition
NAME	~~PHILLIPS, ELISABETH~~	42 NAME		
STREET ADDRESS	~~9 AMBLESIDE DRIVE~~	43 STREET ADDRESS		
CITY-ST-ZIP	~~BELLEAIR FL~~	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 on an attachment with an address.

SIGNATURE: By: [signature] Eric S. Gerard June 15, 1995 813-586-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00183/6