2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#762783

FILED Mar 14, 2011 Secretary of State

Entity Name: CHEMICAL DEPENDENCY COUNSELING INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

3636 UNIVERSITY BLVD. S. 300 WEST ADAMS STREET

SUITE A-7 SUITE #240

JACKSONVILLE, FL 32216 US JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

3636 UNIVERSITY BLVD. S. 300 WEST ADAMS STREET

SUITE A-7 SUITE #240

JACKSONVILLE, FL 32216 US JACKSONVILLE, FL 32202 US

FEI Number: 59-2178947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FINNEY, CRAIG FORENSICS AND CRISIS RESPONSE, INC.

3636 UNIVERSITY BLVD. S.

SUITE A-7

SUITE #240

JACKSONVILLE, FL 32216 US JACKSONVILLE, FL 32202 US

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: FORENSICS AND CRISIS RESPONSE, INC. 03/14/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: FINNEY, CRAIG

Address: 300 WEST ADAMS ST. SUITE 240 City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VP

Name: HOBBS, KATHY

Address: 300 WEST ADAMS ST. SUITE 240 City-St-Zip: JACKSONVILLE, FL 32202 US

Title: S

Name: DAVIS, JOHN A III

Address: 300 WEST ADAMS ST. SUITE 240 City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby 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 all other like empowered.

SIGNATURE: CRAIG D. FINNEY P 03/14/2011