Principal Place of Business	1. Entity Nam	MENT # 840990 TREATING INSTITUTE INC.		• .		FILI Jan 09, 200 Secretary	01 8:00 am
Suite Apt. #, etc. City & State Country Typ Typ Typ Typ Typ Country Typ Typ Typ Country Typ Typ Typ Typ Typ Typ Typ T	1550 ROBERT JACKSONVILL	'S DRIVE	1550 ROBERTS DRIVE JACKSONVILLE BEACH FL 3	2250-3222			
City & State City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Dosing S. S. Additional Fee Required Fee Required Fee Required Fee Required Fee Required Fee Required Name MILLER, M LANCE 1550 ROBERTS DRIVE JACKSONVILLE BEACH FL 32250 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE Signature required when naminary PEE IS \$61.25 FILE NOW: FEE IS \$61.25 OFF-CERS AND DIRECTORS Trust Fund Contribution. Deale Title NAME GRAVES, NORMAN S GRAV	2. Principal P	Place of Business	3. Mailing Address	ailing Address			
Signature Sign	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS S	SPACE
6. Name and Address of Current Registered Agent Name	City & State		,		4. FEI Nu	13-6089629 Not Applicable	
MILLER, M LANCE 1550 ROBERTS DRIVE JACKSONVILLE BEACH FL 32250 City FL Zip Code City FL Zip Code City FL Zip Code 6. 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 FILE NOW: FEE IS \$61.25 PILLE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS Trust Fund Contribution.	Zip			Country	~~ ·	cate of Status Desired	Fee Required
### Store Note	ske-remy	b. Name and Address of Current R	legistered Agent	Name	r. Name	and Address of New Registered A	
City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE Signature, hypero or printed name of registered agent and itself applicable. MOTE Registered Agent signature required when reinstalling) DATE	1550 ROBERTS DRIVE			Street A	Street Address (P.O. Box Number is Not Acceptable)		
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. Signature, hypod or printed name of registered agent and title if applicable. (MOTE Registered Agent signature required when reinstitions) DATE				City	FL Zip Code		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME GRAVES, NORMAN S STREET ADDRESS CITY-ST-ZIP RICHMOND KY 40476-0280 TITLE NAME HUBBARD, JOHN STREET ADDRESS CITY-ST-ZIP DALLAS TX 75220 TITLE V Delete MILLER, M LANCE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE V Delete MILLER, M LANCE STREET ADDRESS	SIGNATURE.	FILE NOW:	9. Election Campaign F	inancing	\$5.00 May Be	Make Check F	
TITLE NAME GRAVES, NORMAN S STREET ADDRESS CITY-ST-ZIP TITLE T HUBBARD, JOHN 10543 DORIC ST. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME MILLER, M LANCE 1550 ROBERTS DRIVE JACKSONVILLE BEACH FL 32250-3222 TITLE NAME STREET ADDRESS CITY-ST-ZIP MEADVILLE PA 16335 T T T T T Change Addition Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MEADVILLE PA 16335 T T T T T Change Addition Addi	10		CTORS	1 11.	ADDITIONS	/CHANGES TO OFFICERS AND DIF	RECTORS IN 10
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MILLER, M LANCE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH FL 32250-3222 TITLE TP NAME PETERS, J. DOUGLAS STREET ADDRESS CITY-ST-ZIP MEADVILLE PA 16335 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE T NAME Harry Hall STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP TO Change STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP TO Change STREET ADDR	NAME STREET ADDRESS	T HUBBARD, JOHN 10543 DORIC ST.	☐ Delete	NAME STREET ADDRESS	TP		Change Addition
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NAME STREET ADDRESS CITY-ST-ZIP Harry Hall STREET ADDRESS CITY-ST-ZIP Guelph, Ontario, Canada N1H 6H9	NAME STREET ADDRESS	PETERS, J. DOUGLAS 215 RACE STREET	🔼 Delete	NAME STREET ADDRESS			☐ Change ☐ Addition
TITLE TILE TILE TILE Addition	NAME STREET ADDRESS	•	☐ Delete	NAME STREET ADDRESS	Harry Ha	Cresent, R.R. #	13
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this tiled 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 type 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 flustee 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 made teass with all other like empowered.	STREET ADDRESS CITY-ST-ZIP		☐ Delete	STREET ADDRESS CITY-ST-ZIP			

WWW.Hance Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1249-0448

Daytime Phone #

(964)

W

Date