

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90004 010 \*\*\*\*61.25

**DOCUMENT # F05000002565**

1. Entity Name  
**T.A.G. TREATMENT ACTION GROUP, INC.**



Principal Place of Business  
**611 BROADWAY, ROOM 308  
NEW YORK, NY 10012**

Mailing Address  
**611 BROADWAY, ROOM 308  
NEW YORK, NY 10012**

40117000



08112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**13-3624785**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACCARONE, ALBERT P JR.  
20 ISLAND AVE  
#714  
MIAMI BEACH, FL 33139**

Name **PETER MICHAEL GREENWALD**

Street Address (P.O. Box Number is Not Acceptable)  
**3261 NW THIRD AVENUE**

City **OAKLAND PARK**

FL

Zip Code  
**33309**

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

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **HUGHES, BARBARA**  
STREET ADDRESS **160 BLEECKER ST., #5H**  
CITY-ST-ZIP **NEW YORK, NY 10012**

TITLE **ST** ☐ Delete  
NAME **MORRISON, LAURA A**  
STREET ADDRESS **14 HORATIO ST., #1J**  
CITY-ST-ZIP **NEW YORK, NY 10014**

TITLE **M** ☐ Delete  
NAME **HARRINGTON, MARK**  
STREET ADDRESS **611 E. 11TH STREET APT 7A**  
CITY-ST-ZIP **NEW YORK, NY 10009**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARK HARRINGTON**  
**EXECUTIVE DIRECTOR**

Date

Daytime Phone #

**08/12/08 1.212.253.7922**