

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000004814

1. Entity Name
ADDICTION & MENTAL HEALTH SERVICES, INC.



Principal Place of Business
2101 MAGNOLIA AVE. SUITE 518
BIRMINGHAM, AL 35205

Mailing Address
2101 MAGNOLIA AVE. SUITE 518
BIRMINGHAM, AL 35205

FILED
Aug 13, 2008 08:00 AM
Secretary of State



07242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1198286

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000957639
08/13/08-80003-008 550.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DC
CAMPBELL, JOHN T
1572 MONTGOMERY HIGHWAY SUITE 210
BIRMINGHAM, AL 35216

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PCEO
CROWDER, JERRY W
2101 MAGNOLIA AVE. SUITE 518
BIRMINGHAM, AL 35205

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MCARTHUR, FRANK G MD
1572 MONTGOMERY HIGHWAY SUITE 210
BIRMINGHAM, AL 35216

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VCD
SIMMONS, W. CLAY
2101 MAGNOLIA AVE. SUITE 518
BIRMINGHAM, AL 35205

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HOWELL, W. JERRY MD
1189 ALBRITTON ROAD
WARRIOR, AL 35180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CFOS
STEPHENS, BERNARD B
2101 MAGNOLIA AVE. SUITE 518
BIRMINGHAM, AL 35205

**DO NOT WRITE
IN THIS SPACE**

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 607, 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

Date

Daytime Phone #

8/12/08 8206/251-7753