

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G16844** (4)

1. Corporation Name

ADDICTION TREATMENT PROGRAMS, INC.



Principal Place of Business

Mailing Address

**9001 TAMiami TRl E
NAPLES FL 33962
US**

**209 NORTH BEAVER STREET
P.O. BOX 5047
YORK PA 17405**

3. Date Incorporated or Qualified

12/28/1982

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1399457

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRUGGER,JOHN N.
FORSYTH, SWALM & BRUGGER, P.A.
SUITE 210 600 5TH AVENUE S.
NAPLES FL 33940**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CCEO
MCCORMACK,WEBSTER J.
209 N. BEAVER ST.
YORK PA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STVD
MCCORMACK, D. J
209 N. BEAVER ST.
YORK PA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
WILSON,RAY A.
209 N. BEAVER ST.
YORK PA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VST
BRICKER,RICHARD W. (AST)
209 N. BEAVER ST.
YORK PA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
REYNOLDS, ANN
209 N. BEAVER ST.
YORK PA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
BRUGGER,JOHN N. (ASST)
800 FIFTH AVE. S.,#210
NAPLES FL**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard W. Bricker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96
Date

717-854-7857
Daytime Phone #

CR2E034 (12/95)