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May 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G16844** (4)

1. Corporation Name
ADDICTION TREATMENT PROGRAMS, INC.



Principal Place of Business

**8001 TAMiami TRl E
NAPLES FL 33962
US**

Mailing Address

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

3. Date Incorporated or Qualified

12/28/1982

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1399457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	MCCORMACK,WEBSTER J.	
STREET ADDRESS	209 N. BEAVER ST.	
CITY- ST- ZIP	YORK PA	
TITLE	STVD	<input type="checkbox"/> DELETE
NAME	MCCORMACK, D. J	
STREET ADDRESS	209 N. BEAVER ST.	
CITY- ST- ZIP	YORK PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILSON,RAY A.	
STREET ADDRESS	209 N. BEAVER ST.	
CITY- ST- ZIP	YORK PA	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	BRICKER,RICHARD W. (AST)	
STREET ADDRESS	209 N. BEAVER ST.	
CITY- ST- ZIP	YORK PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REYNOLDS, ANN	
STREET ADDRESS	209 N. BEAVER ST.	
CITY- ST- ZIP	YORK PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRUGGER,JOHN N. (ASST)	
STREET ADDRESS	600 FIFTH AVE. S.,#210	
CITY- ST- ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard W. Bricker

5/19/97

712-564-7857

CR2E034 (9/96)