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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L87234** **(5)**

1. Corporation Name

ALTERNATIVES IN TREATMENT, INC.

Principal Place of Business	Mailing Address
7601 NORTH FEDERAL HWY SUITE 260 B BOCA RATON FL 33487 US	7601 NORTH FEDERAL HWY SUITE 260 B BOCA RATON FL 33487 US

3. Date Incorporated or Qualified: 07/16/1990
3a. Date of Last Report: 02/13/1995

2. Principal Place of Business	2a. Mailing Address
21 7601 N. FEDERAL HWY	26 7601 N. FEDERAL HWY
Suite, Apt. #, etc. 22 SUITE 100B	Suite, Apt. #, etc. 27 SUITE 100B
City & State 23 BOCA RATON FL	City & State 28 BOCA RATON FL
Zip / Country 24 33487 / 25 PALM BEACH	Zip / Country 29 33487 / 30 PALM BEACH

4. FEI Number: 65-0207798 ☐ 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

9. Name and Address of Current Registered Agent

FRYDMAN, JACOB
7601 NORTH FEDERAL HIGHWAY
SUITE 260 B
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: FRYDMAN, JACOB
82 Street Address (P.O. Box Number is Not Acceptable): 7601 NORTH FEDERAL HIGHWAY
83 SUITE 100B
84 City: BOCA RATON FL 85 Zip Code: 33487

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: FRYDMAN, JACOB FRYDMAN, SECRETARY-TREASURER 02-23-96
(If changing Registered Agent, signature required from previous agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MINSON, MARK 7301 WEST PALMETTO PARK RD #201 A BOCA RATON FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FRYDMAN, JACOB 732 AURELIA STREET BOCA RATON FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	ST FRYDMAN, JACOB 2201 COCONUT ROAD BOCA RATON FL 33432	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 added to the report with an address.

SIGNATURE: FRYDMAN, JACOB, 02-23-96 407-998-0866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #