

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# L87234

**FILED**  
**Dec 07, 2011**  
**Secretary of State**

**Entity Name:** ALTERNATIVES IN TREATMENT, INC.

**Current Principal Place of Business:**

7601 NORTH FEDERAL HWY  
STE 100B  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

7601 NORTH FEDERAL HWY  
STE 100B  
BOCA RATON, FL 33487 US

**New Mailing Address:**

**FEI Number:** 65-0207798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CABELA, CHAZ  
7601 NORTH FEDERAL HIGHWAY  
SUITE 100B  
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: CABELA, CHAZ  
Address: 7601 N FEDERAL HIGHWAY STE 165B  
City-St-Zip: BOCA RATON, FL 33487

Title: EVP  
Name: CABELA, DONA  
Address: 7601 N. FEDERAL HIGHWAY SUITE 100B  
City-St-Zip: BOCA RATON, FL 33487

Title: CEO  
Name: MICHAEL, DAVID B  
Address: 7601 N FEDERAL HIGHWAY 100B  
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHAZ CABELA

PST

12/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date