

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90230 031 ***150.00

DOCUMENT # L87234

1. Entity Name
ALTERNATIVES IN TREATMENT, INC.



Principal Place of Business
**7601 NORTH FEDERAL HWY
STE 100B
BOCA RATON FL 33487
US**

Mailing Address
**7601 NORTH FEDERAL HWY
STE 100B
BOCA RATON FL 33487
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0207798**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRYDMAN, JACOB
7601 NORTH FEDERAL HIGHWAY
SUITE 100B
BOCA RATON FL 33487**

Name

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

City

FL

Zip Code

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|----------------------|-------------------------|---------------------|-------|--------------------|------------------------------------|---------------------|
| | PD HEARN, DONNA | 315 SE MIZMER BLVD/#202 | BOCA RATON FL 33432 | | PD HEARN, DONNA | 299 W. CAMINO GARDENS BLVD STE 305 | BOCA RATON FL 33432 |
| | ST FRYDMAN, JACOB | 2201 COCOANUT ROAD | BOCA RATON FL 33432 | | | | |
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12. I 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 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: *Jacob Frydman* **FRYDMAN** 02/14/2003 561-998-0866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0438908 AV

CR2E034 (10/02)