

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003271

FILED  
May 02, 2008  
Secretary of State

**Entity Name:** PEDIATRIC ALTERNATIVE TREATMENT, CARE, HOUSING AND EVALUATION SERVICES, INC.

**Current Principal Place of Business:**

1005 N KROME AVE  
# 101  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

1005 N KROME AVE  
# 101  
HOMESTEAD, FL 33030

**New Mailing Address:**

335 S. KROME AVENUE  
#104  
FLORIDA CITY, FL 33034

**FEI Number:** 65-1012818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HOFFMAN, ROBERT M  
9155 S. DDELAND BLVD.  
SUITE 1012  
MIAMI, FL 33156 US

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

HOFFMAN, ROBERT M  
9155 S. DADELAND BLVD.  
SUITE 1012  
MIAMI, FL 33156 US

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:

05/02/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: SMITH, AZONA K MRS  
Address: 2812 SAN REMO CIRCLE  
City-St-Zip: HOMESTEAD, FL 33035

Title: DIR ( ) Delete  
Name: SCAVELLA, ROCHELLE A MRS  
Address: 14102 SW 110TH AVENUE  
City-St-Zip: MIAMI, FL 33176

Title: VP ( ) Delete  
Name: IPPOLITO, JOAN D MRS  
Address: 1731 NW 105TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: SEC ( ) Delete  
Name: CATONE, PATRICIA A MRS  
Address: 602 RUSS ROAD  
City-St-Zip: FT. PIERCE, FL 34982

Title: TRES ( ) Delete  
Name: GAMMON, JANE M MRS  
Address: 19240 SW 312 STREET  
City-St-Zip: HOMESTEAD, FL 33030

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE M. GAMMON

TRES

05/02/2008

Electronic Signature of Signing Officer or Director

Date