

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 30, 2010
Secretary of State

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

Current Principal Place of Business:

335 S. KROME AVENUE
102-107
FLORIDA CITY, FL 33034 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1012818 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOFFMAN, ROBERT M
9155 S. DADELAND BLVD.
SUITE 1012
MIAMI, FL 33156 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: PRES
Name: SMITH, AZONA K MRS
Address: 2812 SAN REMO CIRCLE
City-St-Zip: HOMESTEAD, FL 33035 US

Title: SEC
Name: SCAVELLA, ROCHELLE A MRS
Address: 5575 N.W. WESLEY COURT
City-St-Zip: PORT ST. LUCIE, FL 34986 US

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

Title: DIR
Name: CATONE, PATRICIA A MRS
Address: 602 RUSS ROAD
City-St-Zip: FT. PIERCE, FL 34982 US

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANE M. GAMMON

TRES

03/30/2010

Electronic Signature of Signing Officer or Director

Date