

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004019

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** CENTER FOR ADDICTION, RESEARCH, EDUCATION AND SUPPORT, INC.

**Current Principal Place of Business:**

375 HERON'S RUN DRIVE - 901  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

375 HERON'S RUN DRIVE - 901  
SARASOTA, FL 34232

**New Mailing Address:**

**FEI Number:** 26-2561732      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

O'CONNELL, COLLEEN  
375 HERON'S RUN DRIVE - 901  
SARASOTA, FL 34232    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:** PASD  
**Name:** O'CONNELL, COLLEEN  
**Address:** 375 HERON'S RUN DRIVE - 901  
**City-St-Zip:** SARASOTA, FL 34232

**Title:** VPSD  
**Name:** CARLSON, RICHARD  
**Address:** 2607 BAY DRIVE  
**City-St-Zip:** BRADENTON, FL 34207

**Title:** TD  
**Name:** HARMON, KYLE  
**Address:** 6737 W WASHINGTON STREET, SUITE 3105  
**City-St-Zip:** WEST ALLIS, WI 53214

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: COLLEEN O'CONNELL

MS

03/30/2010

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

\_\_\_\_\_  
Date