N12276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

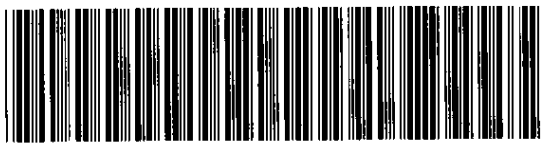
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600409454816

Charter # Only

N12276

VALIDATION ONLY

Requestor's Name

Address

City | State | ZIP | Phone #

CORPORATION(S) NAME

Certification Board for Radiation Professionals of Florida Inc

( ) PROFIT
(✓) NON-PROFIT | ( ) AMENDMENT | ( ) MERGER

( ) FOREIGN | ( ) DISSOLUTION | ( ) MARK

( ) LIMITED PARTNERSHIP | ( ) ANNUAL REPORT | ( ) RESERVATION
( ) REINSTATEMENT | ( ) OTHER

(✓) CERTIFIED COPY | ( ) PHOTO COPIES | ( ) CERTIFICATE UNDER SEAL

(✓) WALK IN | (✓) WILL WAIT | ( ) PICK UP | ( ) MAIL OUT | ( ) CALL | ( ) AFTER 4:30

FILED
1995 NOV 26 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Availability	11-26-95 D.C.
Document Examiner	DC
Updater	DC
Updater Verifyer	DC
Acknowledgment	DC
W.P. Verifyer	DC

N12276

(17)

CR2E031(R4-84)

ARTICLES OF INCORPORATION

CERTIFICATION BOARD FOR ADDICTION PROFESSIONALS OF FLORIDA, INC.

The undersigned subscribers of these Articles of Incorporation, each a natural person, competent to contract, hereby associate themselves together to form a corporation under the laws of the State of Florida.

ARTICLE I - NAME

The name of this corporation is the Certification Board for Addiction Professionals of Florida, Inc.

ARTICLE II - PURPOSES

This corporation is organized as a not-for-profit corporation under Chapter 617 Florida Statutes for the following purposes:

(A) To certify the competency of addiction professionals practicing within the State of Florida through written and/or oral certification processes.

(B) To solicit and receive funds, gifts, endowments, donations, devises, bequests in support of its certification activities.

(C) To lease or purchase land or lands, building or buildings, and purchase or construct building(s) for purposes in support of certification processes.

(D) To exercise all the powers enumerated in Section 617.021 Florida Statutes as it now exists or is subsequently amended or superseded and to do and perform such acts and to have such powers as shall be desirable and necessary in the furtherance of any of the purposes herein enumerated above which are not in derogation of the laws of the State of Florida.

FILED
1988 JAN 25 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This corporation is organized exclusively for public purposes as a not-for-profit corporation under Chapter 617, Florida Statutes and within the meaning of Section 501 (c) (3) Internal Revenue Code and its activities will be conducted in such a manner that no part of its net earning shall inure to the benefit of any member, director, officer, or individual.

ARTICLE III - MEMBERSHIP

All addiction Professionals certified by the Board shall be members of the Corporation during the years that their certification is valid. In addition, Board members shall be members of the Corporation during their term of office.

ARTICLE IV - BOARD OF DIRECTORS

The Board of Directors shall consist initially of eighteen (18) members: nine (9) from the Florida Alcoholism Counselors Certification Board, Inc. to be appointed by same; and nine (9) from the Florida Alcohol and Drug Abuse Association, to be appointed by same, with due consideration to adequate representation from drug

addiction services. The initial Board of Directors will serve for a three (3) year term, with vacancies to be filled by the Board of Directors during that time period. Thereafter, the Board of Directors will be elected by the membership, which consists of all certified professionals. Also, thereafter, candidates for vacancies on the Board of Directors shall be proposed by a nominating committee established by the President as specified in the By-Laws. Vacancies on the Board of Directors shall be filled by election at the annual meeting of the Corporation by a majority of the membership. Interim vacancies shall be filled by the Board of Directors until the next annual meeting.

ARTICLE V - OFFICERS

The Board of Directors will elect a President, President-elect, Secretary, and Treasurer. Officers will be elected to a one (1) year term. Officers can be re-elected.

ARTICLE VI - EXECUTIVE COMMITTEE

The executive committee shall consist of the officers and up to four additional Board members.

ARTICLE VII - TERM

The term of this Corporation shall be perpetual.

ARTICLE VIII - SUBSCRIBERS

See attachment

ARTICLE IX - AMENDMENTS

The Corporation may amend, alter, or repeal any provision of the Articles of Incorporation in the manner now or hereinafter prescribed by statute provided such action is approved by two-thirds (2/3) vote of the Board of Directors and ratified by two-thirds (2/3) of the membership present at a corporation meeting where such amendments have been distributed in writing at least thirty (30) days prior to said meeting.

ARTICLE X - BY-LAWS

The Board of Directors shall adopt By-Laws for this Corporation and may from time to time modify, alter, amend, or rescind the same by two-thirds (2/3) vote of the Board of Directors at a meeting of the Board where such proposed changes

have been distributed in writing to the Board of Directors at least thirty (30) days prior to said meeting and ratified by two-thirds (2/3) of the membership present at a corporation meeting where such amendments have been distributed in writing at least thirty (30) days prior to said meeting.

ARTICLE XI - ANNUAL MEETING

There shall be an annual meeting of the Corporation as specified in the By-Laws of the Corporation.

ARTICLE XII - DISSOLUTION

Upon dissolution of this corporation, all of its assets remaining after payment of all costs and expenses of such dissolution shall be distributed to a non-profit group directly involved in the field of Addiction as designated by the Board of Directors.

ARTICLE XIII - CERTIFICATION

We, the undersigned subscribers to these Articles of Incorporation, do make and file this certificate hereby declaring and certifying that the facts set forth herein are true, and accordingly set forth at Tallahassee, Florida, this _____ _____ day of _____, 1985.

Registered agent is Renee Peacock at 812 East Park Ave., Tallahassee, FL 32301.

REGISTERED AGENTS SIGNATURE

Sidney Archer
~~1340 Bayshore Blvd.~~
Dunedin, FL 33528

George Durnival
~~P.O. Box 337~~
Bowling Green, FL 33834

Richard C. Jacobs
~~100 West Columbia Street~~
Orlando, FL 32806

Frank Cook
~~SHEAP~~
~~2563 Cleveland Ave.~~
~~Ft. Meyers, FL 33901~~

Frank Gurucharri
~~4300 S.W. 13th St.~~
Gainesville, FL 32608

Gerald P. Kinzler
~~P.O. Box 5977~~
Orlando, FL 32805

Ruth Cole Rudd
~~Twelve Oaks~~
2727 Capital Medical Blvd.
~~Tallahassee, FL 32308~~

James Sleeper
~~1670 Main Street~~
Sarasota, FL 33577

Cesar Perez
PCAS
6150 150th Ave. N.
Clearwater, FL 33520

Susan Yantiss
South Miami Hospital
7400 S.W. 62nd Ave.
Miami, FL 33143

Lynn Hankes, M.D.
South Miami Hospital
7400 S.W. 62nd Ave.
Miami, FL 33143

Matthew Gissen
Village South
3180 Biscayne Blvd.
Miami, FL 33137

Thomas Olk
DISC Village
P.O. Box 568
Woodville, FL 32362

H. Bruce Hayden
Spectrum Programs
11055 N.E. 6th Ave.
Miami, FL 33161

Celia Gomel
Gateway Community Services
10455 Phillips Highway
Jacksonville, FL 32224

Toni Shamplain
Human Resource Center of Volusia
440 S. Beach St.
Daytona Beach, FL 32014

Fred Dickman
~~13902~~ N. Florida Ave.
Tampa, FL 33612

~~Lynn Miller~~
~~1008 Las Olas Blvd.~~
~~Ft. Lauderdale, FL 33312~~

ALICE L. MILLER
1008 W. LAS OLAS BLVD
FT. LAUDERDALE, FL 33312

State of Florida
County of Leon
November 8, 1985

David C. Stanton
Notary Public, State of Florida
My Commission Expires April 21, 1985

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION

ANNUAL REPORT

1986

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $20 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

N12276
4
CERTIFICATION BOARD FOR ADDICTION PROFESSIONALS
%RENEE PEACOCK
812 EAST PARK AVE.
TALLAHASSEE, FL 32301

If above address is incorrect in any way, enter the correct address in item 2 -Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida: 11/26/1985

4 Federal Employer Identification Number (FEIN)

5 Date of Last Report

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1985

1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State 5
ARCHER, SIDNEY	D	1340 BAYSHORE BLVD.	DUNEDIN, FL
FURNIVAL, GEORGE	D	P. O. BOX 337	BOWLING GREEN, FL
JACOBS, RICHARD C.	D	100 WEST COLUMBIA ST.	ORLANDO, FL
COOK, FRANK	D	SWFAP/2563 CLEVELAND AVE	FT. MYERS, FL
GURUCHARRI, FRANK	D	4300 S.W. 13TH STREET	GAINESVILLE, FL
KINZLER, GERALD P.	D	P. O. BOX 5977	ORLANDO, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

PEACOCK, RENEE
812 EAST PARK AVE.
TALLAHASSEE, FL 32301

8. Name and Address of New Registered Agent

Name 81

Street Address (Do NOT Use P.O. Box Number) 82

City and State 83: FL.

Zip Code 84

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on: _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officer signing must be listed in Block 6)

Signature: Tom Olk

Date

Typed Name of Signing Officer: Tom Olk

Title: Treasurer

Telephone Number: 904-222-6314

11. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

CR2E034 (1/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION

ANNUAL REPORT

1987

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

N12276
CERTIFICATION BOARD FOR ADDICTION PROFESSIONALS
%RENEE PEACOCK
812 EAST PARK AVE.
TALLAHASSEE, FL 32301

If above address is incorrect, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21: 835 B E. PARK AVE.

P.O. Box No. 22:

City and State 23: Same

Zip Code 24: Same

3. Date Incorporated or Qualified To Do Business in Florida: 11-26/1985

4. Federal Employer Identification Number (FEIN):

5. Date of Last Report: 05/07/1986

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1986

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
ARCHER, SIDNEY	D	1340 BAYSHORE BLVD.	DUNEDIN, FL
FURNIVAL, GEORGE	D	P. O. BOX 337	BOWLING GREEN, FL
JACOBS, RICHARD C.	D	100 WEST COLUMBIA ST.	ORLANDO, FL
COOK, FRANK	D	SUFAP/2563 CLEVELAND AVE	FT. MYERS, FL
GURUCHARRI, FRANK	D	4300 S.W. 13TH STREET	GAINESVILLE, FL
KINGLER, GERALD P.	D	P. O. BOX 5977 (see attached)	ORLANDO, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent:

PEACOCK, RENEE
812 EAST PARK AVE.
TALLAHASSEE, FL 32301

8. Name and Address of New Registered Agent:

Name 31:

Street Address 32 (Do NOT Use P.O. Box Number) 32:

Street Address 2 (Do NOT Use P.O. Box Number) 33:

City and State 34: FL

Zip Code 35:

9. Pursuant to the provisions of Section 607.325 and 607.326, Florida Statutes, the aforenamed corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

The above named corporation hereby appoints the following to act as its registered agent. (Name of person or firm appointed as registered agent)

I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. See reverse side for required instructions and important information.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath
(Officer signing must be typed or printed)

Signature: Emma Kelly

Date:

Typed Name of Officer:

Title:

Telephone Number:

11. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

CR2E031 (1-86)

Frank Gurucharri, President

Dick Jacobs, President-Elect

Tom Olk, Treasurer

Ginery Twichell, Secretary

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1988

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Filing Fee of $25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

N12276
CERTIFICATION BOARD FOR ADDICTION PROFESSIONALS
%RENEE PRACOCK
835B E. PARK AVENUE
TALLAHASSEE, FL 32301

If above address is incorrect in any way, enter the correct address in Item 2, include Zip Code

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 11/26/1985

4. Federal Employer Identification Number (FEI #):

5. Date of Last Report: 04/23/1987

6. Names and Street Addresses of Each Officer and Director as of December 31, 1987

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
~~ARCHER, GIDNEY~~	~~D~~	~~1340 BAYSHORE BLVD.~~	~~DUNEDIN, FL~~
WILLIAMS, IRVIN	V	1221 W. Lakeview Avenue	Pensacola, FL 32501
~~PURVIANC, GEORGE~~	~~D~~	~~P. O. BOX 337~~	~~BOWLING GREEN, FL~~
SLEEPER, JAMES	S	1670 Main St., Suite 201	Sarasota, FL 33577
JACOBS, RICHARD C.	P/E	100 WEST COLUMBIA ST.	ORLANDO, FL
COOK, FRANK	D	SWPAP/2563 CLEVELAND AVE	FT. MYERS, FL
~~GURDIANNI, FRANK~~	~~P~~	~~4300 S.W. 13TH STREET~~	~~GAINESVILLE, FL~~
REYNOLDS, JAMES	D	1670 Main Street	SARASOTA, FL 33577
~~KINZLER, GERALD P.~~	~~D~~	~~P. O. BOX 5977~~	~~ORLANDO, FL~~
HAYDEN, BRUCE	D	11055 NE 6th Avenue	MIAMI, FL 33161

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent:

PRACOCK, RENEE
812 EAST PARK AVE.
TALLAHASSEE, FL 32301

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.337, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
Such change was authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida _____

11. See signature requirements under instructions on reverse side of this form.
I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature on This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer or Director signing must be Named in Block 6.)

Signature: [signature] Date: 6/2/88

Typed Name of Signing Officer or Director: Tom Olk

Title: Treasurer

Telephone Number: 904-222-6314

12. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee

CR2E024 (1/88)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED
AUG

DO NOT WRITE IN THIS SPACE

1989 AUG -4 AM 9:32

FLORIDA DEPARTMENT OF STATE

CORPORATION

ANNUAL REPORT

1989

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

ZIP + 4

N12276 4
CERTIFICATION BOARD FOR ADDICTION PROFESSIONALS
%RENEE PEACOCK
835B E. PARK AVENUE
TALLAHASSEE, FL 32301-0404

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 11/26/1985

4. Federal Employer Identification Number (FEIN): 59-2622949

5. Date of Last Report: 07/06/1988

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1988

1 Title	2 Name of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
X P	WILLIAMS, IRVIN	~~1221 W. LAKEVIEW AVE.~~ 81 South Beal Pkwy	~~PENSACOLA~~, FL. Ft. Walton Bch, FL
X D	SLEEPER, JAMES	1670 MAIN ST. 201	SARASOTA, FL.
~~D/E~~ D	JACOBS, RICHARD C.	100 WEST COLUMBIA ST.	ORLANDO, FL
D	REYNOLDS, JAMES	1670 MAIN ST.	SARASOTA, FL.
X S	~~REYNOLDS, JAMES~~ BETH Henley	~~1670 MAIN ST.~~ 555 SW 148th Ave	~~SARASOTA~~, FL. Ft. Lauderdale
X T	HAYDEN, BRUCE	11055 NE 6TH AVE.	MIAMI, FL.
E.D.	PEACOCK, Renee	835 B E. Park Ave,	Tallahassee, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

PEACOCK, RENEE
~~612 EAST PARK AVE.~~ 835 B E. Park Ave.
TALLAHASSEE, FL 32301

8. Name and Address of New Registered Agent

Name 81

Street Address (Do NOT Use P.O. Box Number) 82

Street Address (Do NOT Use P.O. Box Number) 83

City and State 84

FL.

Zip Code 85

9. Pursuant to the provisions of Sections 607.325 and 607.337, Florida Statutes, the above named corporation, organized under the laws of this State, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

The above named corporation is aware that any net income of the corporation may be subject to Florida income tax.

SIGNATURE(S) Registered Agent Accepting Appointment DATE

10. If a foreign corporation, also list name and address in Florida

See reverse instructions under instructions concerning date of this form

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer or Director signing must sign pursuant to item in Block 6.)

Signature: [signature] [signature] Date: 7/21/89

Type or Print Name of Signing Officer or Director: Irvin J. Williams

Title: President

Telephone Number: 904-222-6314

12. Should you desire a certificate of status, check the box.

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for Certificate of Status

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

P90000015

CORPORATION

ANNUAL REPORT

1990

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1990 MAR 30 PM 11:27

FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Entire Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

RECEIVED
FEB 6 1990

N12276 4

ZIP + 4 PRESORT
CERTIFICATION BOARD FOR ADDICTION PROFESSIONALS
%RENEE PEACOCK
835B E. PARK AVENUE
TALLAHASSEE, FL 32301-0405

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If above address is incorrect in any way, enter the correct address below. P.O. Box number address is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 11/26/1985

4. FEI Number: 59-2622949

☐ FEI Number Applied For
☐ FEI Number Not Applicable

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4 5
P D	WILLIAMS, IRVIN	81 S. BEAL PKWY.	FT. WALTON BCH., FL.
~~D~~	~~SLEEPER, JAMES~~	~~1670 MAIN ST. 201~~	~~SARASOTA, FL.~~
P	Cook, Frank T.	2101 McGregor Blvd	Ft. Myers, FL
D	JACOBS, RICHARD C.	100 WEST COLUMBIA ST.	ORLANDO, FL
D	REYNOLDS, JAMES	1670 MAIN ST.	SARASOTA, FL.
S VP	HENLEY, BETH KEEP	555 SW 148TH AVE.	FT. LAUDERDALE, FL.
T	HAYDEN, BRUCE	11055 NE 6TH AVE.	MIAMI, FL.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

PEACOCK, RENEE
812 EAST PARK AVE.
TALLAHASSEE, FL 32301

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL.

Zip Code 85

9. Pursuant to the provisions of Section(s) 607.034 and (d) 607, Florida Statutes, the above named corporation, except when filed under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
Such change was authorized by resolution duly adopted by its board of directors or ...

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE _____ DATE _____
Registered Agent Accepting Appointment

10. I certify that the statements indicated on this annual report or supplemental annual report are true and correct and that my signature shall have the same legal effect as if made under oath; I further certify 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, F.S.

Signature: A. Renee Peacock

Date: 3/20/90

Typed Name of Signing Officer or Director | Title | Telephone Number

11. Should you desire a certificate of status in any one year, ...

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee (Required for a Certificate of Status)

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1991

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

BR2731

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

Read Instructions on Other Side Before Making Entries

FILING FEE OF $61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation

DOCUMENT #N12276 (4)

ZIP + 4 PRESORT

PSA021152

CERTIFICATION BOARD FOR ADDICTION PROFESSIONALS
OF FLORIDA, INC.
%RENEE PEACOCK
835B E. PARK AVENUE
TALLAHASSEE, FL 32301-0405

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment

21 Street Address: 839-B East Park Ave.
22 P.O. Box No.:
23 City and State: Same
24 Zip Code:

3. Date Incorporated or Qualified To Do Business in Florida: 11/26/1985

4. FEI Number: 59-2622949

FEI Number Applied For

FEI Number Not Applicable

5. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director 3 (Do NOT Use Post Office Box Numbers)	City and State 4
1	D	WILLIAMS, IRVIN	81 S. BEAL PKWY.	FT. WALTON BCH., FL.
2	P	COOK, FRANK T.	2101 MCGREGOR BLVD.	FT. MYERS, FL.
3	D	JACOBS, RICHARD C.	100 WEST COLUMBIA ST.	ORLANDO, FL
4	D	REYNOLDS, JAMES	1670 MAIN ST.	SARASOTA, FL.
5	V	HENLEY, BETH	555 SW 148TH AVE.	FT. LAUDERDALE, FL.
6	T	HAYDEN, BRUCE	11055 NE 6TH AVE.	MIAMI, FL.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

PEACOCK, RENEE
~~812~~ EAST PARK AVE. 839 B. East Park Ave.
TALLAHASSEE, FL 32301

8. Name and Address of New Registered Agent

81 Name:
82 Street Address (Do NOT Use P.O. Box Number):
83 Street Address 2 (Do NOT Use P.O. Box Number):
84 City: FL.
85 Zip Code:

9. Pursuant to the provisions of Section 607.193 and 607.1937, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as set forth in Section 607.0505, Florida Statutes.

SIGNATURE: [signature] (Registered Agent Acceptance) DATE 6/17/91

10. I certify that the information provided in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify 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 6 or on an attachment with an entry.

SIGNATURE: [signature] DATE 9/24/91

Typed Name of Signing Officer or Director: Irvin J. Williams

Title: Member at Large

Telephone Number (Optional): (904) 833-7500

FILING FEE OF $61.25 REQUIRED—Make Checks Payable To: Secretary of State $8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION ANNUAL REPORT 1992

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
JUL 1 1992
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLA.

DO NOT WRITE IN THIS SPACE

Read Instructions on Other Side Before Making Entries

FILING FEE $61.25 Make Payable To: *Secretary of State*

1. Name and Mailing Address of Corporation: DOCUMENT #N12276 (4)

CERTIFICATION BOARD FOR ADDICTION PROFESSIONALS
OF FLORIDA, INC.
%RENEE PEACOCK
839-B EAST PARK AVE
TALLAHASSEE FL 32301-0405

If above address is incorrect in any way, **line through the incorrect information** and enter correct address in block 2.

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address

22 P.O. Box No.

23 City and State | 24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 11/26/1985

3a. Date of Last Report: 06/27/1991

4. FEI Number: 59-2622949

FEI Number Applied For ☐
FEI Number Not Applicable ☐

5. $8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
1 1x	D	WILLIAMS, IRVIN	81 S. BEAL PKWY.	FT. WALTON BCH., FL.
2 2x	P	COOK, FRANK T.	2101 MCGREGOR BLVD.	FT. MYERS, FL.
3 3x	D	JACOBS, RICHARD C.	100 WEST COLUMBIA ST.	ORLANDO, FL
4 4x	D	REYNOLDS, JAMES	1670 MAIN ST.	SARASOTA, FL.
5 5x	V	HENLEY, BETH	555 SW 148TH AVE.	FT. LAUDERDALE, FL.
6	T	HAYDEN, BRUCE	11055 NE 6TH AVE.	MIAMI, FL.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

PEACOCK, RENEE
839-B EAST PARK AVE
TALLAHASSEE, FL 32301

8. Name and Address of New Registered Agent

81 Name

82 Street Address (Do NOT Use P.O. Box Number)

83 Street Address (Do NOT Use P.O. Box Number)

84 City FL. | 85 Zip Code

9. [illegible]

SIGNATURE [illegible] DATE

10. [illegible] Yes ☐ No X [illegible]

11. [illegible]

SIGNATURE [signature] DATE 6/1/92

Typed Name of Signing Officer [illegible] Title [illegible]

Telephone Number (904) 222-6314

12. [illegible]

File Now. Filing Fee after May 1 is $225.00

FEB 08 1993

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12276 (4)

1. Name and Mailing Address of Corporation

PROSS125
CERTIFICATION BOARD FOR ADDICTION PROFESSIONALS OF FLORIDA, INC.
%RENEE PEACOCK
839 E PARK AVE STE B
TALLAHASSEE FL 32301-0405

3. Date Incorporated or Qualified: 11/26/1985
3a. Date Last Filed: 07/16/1992

FILING FEE $200.00
ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 592622949

2. Mailing Address
21

2a. Principal Place of Business
26

State, Apt. #, etc.
22

State, Apt. #, etc.
27

City & State
23

City & State
28

Zip / County
24 / 25

Zip / County
29 / 30

5. Corporate Status Desired: $8.75 Additional Fee Required

6. Certified Copy Desired: $5.00 May Be Added to Fees

7. Certificate of Status Desired: $138.75 Supplemental Fee Not Required

8. Amendment(s) Attached: X

9. Name and Address of Current Registered Agent

~~PEACOCK, RENEE~~
839-B EAST PARK AVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Neal McGarry
82 Address: 839-B East Park Ave
83
84 City: Tallahassee
85 State: FL
86 Zip: 32301
County: Leon

11. Pursuant to the provisions of Sections 607.1005 and 607.1006 of Florida Statutes, this document is executed for the purpose of changing its registered office or registered agent, or both, and the addresses of both are stated above. I hereby accept the appointment as registered agent and agree to comply with the provisions of Florida Statutes relative to keeping open said office.

SIGNATURE: Neal McGarry DATE: 4/22/92

12. OFFICERS AND DIRECTORS

D
WILLIAMS, TRUITH
81 S. BEAL PKWY.
FT. WALTON BCH. FL

P
COOK, FRANK T.
2101 MACGREGOR BLVD.
FT. MYERS FL

D
JACOBS, RICHARD C.
100 WEST COLUMBIA ST.
ORLANDO FL

D
REYNOLDS, JAMES
1670 MAIN ST.
SARASOTA FL

V
HENLEY, BETH
555 SW 76TH AVE.
FT. LAUDERDALE FL

T
HAYDEN, BRUCE
11055 NE 6TH AVE.
MIAMI FL

13. OFFICERS AND DIRECTORS

P
Bell, W. Chester
124 Michigan Avenue
Daytona Beach, Fl 32014

V
Michael, Stephen
225 Water St.
Jacksonville, Fl 32201-0010

D
Jacobs, Richard C.
100 West Columbia Street
Orlando, Fl 32806

D
Reynolds, James
2346 Gull Lane
Sarasota, Fl 34237

ED
McGarry, Neal A.
839-B East Park Ave
Tallahassee, FL 32301

D
Dain, Deborah A.
2596 Mapleloft Road
Sarasota, Fl 34232

14. SIGNATURE Neal McGarry DATE: 2/9/93

Neal A. McGarry — Executive Director — 904 222-6314

N12276

OFFICE USE ONLY (Document #)

Neal McGarry
(Requestor's Name)

839 B East Park Ave
(Address)

Tallahassee, FL 904 222-6314
(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Certification Board for Addiction Professionals of Florida
(Corporation Name) (Document #)

2. _____ Amend
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☑ Walk in ☐ Pick up time _____ ☒ Certified Copy

☐ Mail out ☑ Will wait ☐ Photocopy ☐ Certificate of Status

FILED
00 JUN 26 PM 9:06

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
X	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials

CR2E031(9/92)

RETURN TO:
Certification Board for Addiction Professionals of Florida, Inc.
ATTN: Neal A. McGarry
839 B. East Park Avenue
Tallahassee, FL 32301

Articles Of Incorporation
AMENDMENTS

for the
Certification Board for Addiction Professionals of Florida, Inc.

PURPOSE: The purpose of this organization is to continuously improve the quality of care provided to the consumers of addiction services, to include prevention, intervention, and treatment services.

This organization may participate in the cultivation, and the science of the study of addiction, to elevate and maintain standards of learning and conduct in the prevention, intervention and treating of addiction, to promote legal and medical reforms in the prevention, intervention, and treatment of alcohol and/or drug abuse; to elevate the standard of honor, dignity, and integrity of addiction professionals, prevention professionals, criminal justice professionals and to promote public welfare.

This organization may cooperate with all official and voluntary health, welfare, educational, and rehabilitation agencies concerned with the prevention and control of alcohol and/or drug abuse and related areas of public health.

This organization may affiliate with organizations or national bodies, and may pay from its treasury dues required for such affiliation.

The Certification Board for Addiction Professionals of Florida was incorporated on November 26, 1985.

The Certification Board for Addiction Professionals of Florida Board of Directors adopted the above amendments to the Certification Boards of Addiction Professionals of Florida Articles of Incorporation on August 27, 1993. A quorum was present and the motion to adopt the amendments was approved unanimously. The amendments were promulgated to the certified population and said amendments were unanimously approved by the membership present at the annual meeting of the corporation.

The registered agent is Neal A. McGarry, Executive Director of said corporation, at 839 B. East Park Avenue, Tallahassee, Florida 32301.

Neal A. McGarry, Executive Director

Stephen Michael, President

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 MAY 24 AM 6:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
CERTIFICATION BOARD FOR ADDICTION PROFESSIONALS OF FLORIDA, INC.

DOCUMENT # N12276 (4)

Mailing Address:
SHERRIE PEACOCK Neal A. McGarry
839-B EAST PARK AVE
TALLAHASSEE FL 32301

Principal Place of Business:
SHERRIE PEACOCK Neal A. McGarry
839-B EAST PARK AVE
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 11/26/1985
3a. Date of Last Report: 06/15/1993

2. Mailing Address (21)
2a. Principal Place of Business (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2622949 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: $8.75 ☐

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCGARRY, NEAL
839-B EAST PARK AVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503 or Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.
I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0505, Florida Statutes.

SIGNATURE: Neal McGarry (Registered Agent Accepting Appointment) DATE 5/3/94

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE T 12 NAME CHESTER BELL W 13 STREET ADDRESS 124 MICHIGAN AVE 14 CITY-ST-ZIP DAYTONA BEACH FL 32014	P Michael, Stephen 225 Water Street, P. O. Box 2080 FL0670 (N/A) Jacksonville, Florida 32201-0010
21 TITLE P 22 NAME MICHAEL STEPHEN 23 STREET ADDRESS 225 WATER STREET 24 CITY-ST-ZIP JACKSONVILLE FL 32201	Past President Bell, W. Chester 120 Michigan Avenue Daytona Beach, Florida 32014
31 TITLE D 32 NAME JACOBS RICHARD C 33 STREET ADDRESS 100 WEST COLUMBIA STREET 34 CITY-ST-ZIP ORLANDO FL 32806	D Dain, Deborah A. 1750 17th Street, Building C Sarasota, Florida 34234
41 TITLE D 42 NAME REYNOLDS, JAMES 43 STREET ADDRESS 2346 GULL LANE 44 CITY-ST-ZIP SARASOTA FL 34237	D Neri, Robert 13800 66th Street, North Largo, Florida 34641
51 TITLE EXO 52 NAME MCGARY NEAL A 53 STREET ADDRESS 839-B EAST PARK AVE 54 CITY-ST-ZIP TALLAHASSEE FL 32301	T Francisco, Frank P. O. Box 809 (N/A) Intercession City, Florida 33848
61 TITLE D 62 NAME DAIN DEBORAH A 63 STREET ADDRESS 2666 MAPLELOFT ROAD 64 CITY-ST-ZIP SARASOTA FL 34232	S McArdle, Jan 501 North Orange, Suite 300 Orlando, Florida 32801

14. I (we) hereby certify that the information supplied with this report is accurate. For profit corporations, the mailing address you provide will be added to the mailing list to receive the Department of Corporations Annual Report Form for the following year. Pursuant to Section 119.07(3)(i), Florida Statutes, I request the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and complete and that my signature shall have the same legal effect as if made under oath; that I have familiarized myself with the rules and requirements of Chapter 607, Florida Statutes, and Chapter 617, Florida Statutes, and 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Neal McGarry (Must manually sign in black ink by an officer or director) 5/3/94 (Date) 904-222-6314 (Daytime Phone #)

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:26

DOCUMENT # N12276 (4)

1. Corporate Name
CERTIFICATION BOARD FOR ADDICTION PROFESSIONALS OF FLORIDA, INC.

Principal Place of Business
%RENEE PEACOCK
839-B EAST PARK AVE
TALLAHASSEE FL 32301

Mailing Address
%RENEE PEACOCK
839-B EAST PARK AVE
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1985
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-2622949
Applied For / Not Applicable
5. Certificate of Status Desired: $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees
7. Name and Jurisdiction of Filing Officer: $68.75 Supplemental Fee Not Required
8. This report contains the following amendment(s) which require(s) approval: Florida Statutes: Yes / No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip / Country
29 / 30

9. Name and Address of Current Registered Agent
MCGARRY, NEAL
839-B EAST PARK AVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby certify that the corporation has been notified of this change and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature required when executed by registered agent (see section 9 above)

12. OFFICERS AND DIRECTORS		13. ADDITIONS / DELETIONS / CHANGES
TITLE	P	
NAME	MICHAEL, STEPHEN	
STREET ADDRESS	225 WATER ST P O BOX 2080 FLO670 N/A	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	
NAME	CHESTER, BELL W	
STREET ADDRESS	120 MICHIGAN AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	
NAME	DAIN, DEBORAH A	
STREET ADDRESS	1750 17TH ST - BLDG C	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	
NAME	NERI, ROBERT	
STREET ADDRESS	13800 66TH ST NORTH	
CITY-ST-ZIP	LARGO FL	
TITLE	T	
NAME	FRANCISCO, FRANK	
STREET ADDRESS	P O BOX 809 N/A	
CITY-ST-ZIP	INTERCESSION CITY FL	
TITLE	S	
NAME	MCARDLE, JAN	
STREET ADDRESS	501 NORTH ORANGE / STE 300	
CITY-ST-ZIP	ORLANDO FL	

14. To the best of my knowledge, the information contained herein is complete and accurate. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or maintaining registration as a registered agent is a violation of section 817.155, Florida Statutes. I am familiar with and accept the obligations of my position as set forth in Chapter 607, Florida Statutes.

SIGNATURE: Stephen A Michael
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR

25