## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMANDOF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS ...

DOCUMENT #

N96000002439 (5)

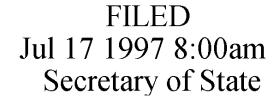
THE AMERICAN BOARD OF MENTAL HEALTH AND ADDICTIV E DISEASE TECHNICIANS, INC.

Principal Place of Business

Mailing Address

3949 EVANS AVENUE STE 203 FORT MYERS FL 33901

3949 EVANS AVENUE STE 203 FORT MYERS FL 33801-9400





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												ncorporated o 5/03/1996	r Qualified	3a. Da	ite of La	st Re	port
2. Principal Place of Business					2a. Mailing Address						4. FEI Number					App	lied For
21					26						Not Applicable						
Suite, Apt. #, etc. 22					Suite, Apt. #, etc.						5. Certificate of Status Desired						
City & State					City & St	ate	· -				6. Election	on Campaign i	Financing		\$5.	.00	May Be
23	_			28							Trust 6	Fund Contribu	tion				Fees
Zip 💂	_	Cou	intry		Zip		Cou	untry	<i>'</i>		8. This c	orporation has	liability for	intangible	tax und	ler s.	199.032,
24		25		29			30				Florida	a Statutes		Yes 🗾	No		_
	9, Name	and Ad	dress of Currer	t Regis	stered Age	ent		Ľ,			10. Name	and Address	of New Re	gistered	Agent		
•								81	Name								
LEIGH, DAVID E								82	Street	Street Address (P.O. Box Number is Not Acceptable)							
3777 TAMIAMI TRAIL NO STE 201 NAPLES FL 33940								"	Super Address (F.O. Dox Number is Not Acceptable)								
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								84	City					FL.	85	Zip C	ode
11. Pursuant to	o the provis	ions of S	Sections 617.050	2 and 6	17.1508, I	Florida Statut	es, the a	bove	e-named	corpora	ation subm	nits this statem	ent for the p	ourpose of	changi	ng its	registered
office or re	ngistered ag	ent, or t	ooth, in the State accept the obliga	of Flori	ida. Such d of, Section	change was a 617,0503 Fil	authorize orida Sta	d by	y the corp s.	poration	's board c	of directors. I h	ereby acce	pt the app	ointmer	t as r	egistered
			30h: 210 0011A		, 4000011		010										
SIGNATURE _	Signature, typed	or printed	name of registered age	nt and title	e if applicable.	(NOT	E: Registers	d Age	ent signature	e required v	when reinstatin	ng)		DATE			
12.			OFFICERS AN	D DIRE	CTORS		13.				ADDITI	ONS/CHANGE	S TO OFFI	CERS AND	DIREC	TORS	IN 12
TITLE	EXEC.	A:	TR.		Į.	DELETE	1.1 T	ITLE			>				☐ Cha	nge	Addition
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14. Ldo hereb	v certify the	t the info	rmation gunnlies	d with t	hie filing d	ose not queli	fu for the	AVO	motion s	tated in	Section 1	10 07/3Vi) Fig	rida Statute	e I further	contitu	that t	20

I go nevery certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on 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; 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 in Block 12 or Block 13 if chapted, or on an attachment with an address.