2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004
Secretary of State

DOCUMENT# N96000006485

Entity Name: ALCOHOLISM TREATMENT SERVICES, INC.

Current Principal Place of Business:

12344 MCGREGOR WOODS CIRCLE
FT. MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

12344 MCGREGOR WOODS CIRCLE
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 65-0725985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CATZ, ROCHELLE Z
6361 PRESIDENTIAL CT.
SUITE A
FT. MYERS, FL 33919 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: PSTD ( ) Delete
Name: BANCROFT, BARBARA N
Address: 12344 MCGREGOR WOODS CIRCLE
City-St-Zip: FT. MYERS, FL 33908

Title: VPD ( ) Delete
Name: BANCROFT, ARTHUR W
Address: 12344 MCGREGOR WOOD CIRCLE
City-St-Zip: FORT MYERS, FL 33708

Title: SD ( ) Delete
Name: CATZ, ROCHELLE Z
Address: 6361 PRESIDENTIAL CT., SUITE A
City-St-Zip: FORT MYERS, FL 33919

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARBARA BANCROFT MRS 07/28/2004

Electronic Signature of Signing Officer or Director — Date