

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083083

FILED
Mar 18, 2004
Secretary of State

Entity Name: ALTERNATIVE REHABILITATION SERVICES, INC.

Current Principal Place of Business:

314 11TH STREET
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

314 11TH STREET
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-1152250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HURWITZ, DARRYL M
314 11TH STREET
WEST PALM BEACH, FL 33401

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: HURWITZ, DARRYL M
Address: 314 11TH STREET
City-St-Zip: WEST PALM BEACH, FL

Title: VTD () Delete
Name: QUEENAN, MARK
Address: 314 11TH STREET
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VTD (X) Delete
Name: SHEUROURE, BILL
Address: 314 11TH STREET
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change () Addition
Name: SHEAROUSE, BILL
Address: 314 11TH STREET
City-St-Zip: WEST PALM BEACH, FL 33401

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

SIGNATURE: SHEAROUSE, BILL

VPD

03/18/2004

Electronic Signature of Signing Officer or Director

Date