

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083083

FILED
Apr 15, 2009
Secretary of State

Entity Name: ALTERNATIVE REHABILITATION SERVICES, INC.

Current Principal Place of Business:

731 N US HIGHWAY 1
SUITE 6
TEQUESTA, FL 33469

New Principal Place of Business:

1530 CYPRESS DRIVE
SUITE B
JUPITER, FL 33469

Current Mailing Address:

731 N US HIGHWAY 1
SUITE 6
TEQUESTA, FL 33469

New Mailing Address:

1530 CYPRESS DRIVE
SUITE B
JUPITER, FL 33469

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
731 N US HIGHWAY 1
SUITE 6
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

HURWITZ, DARRYL M
1530 CYPRESS DRIVE
SUITE B
JUPITER, FL 33469 US

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: DARRYL M. HURWITZ

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: HURWITZ, DARRYL M
Address: 731 N US HIGHWAY 1, SUITE 6
City-St-Zip: TEQUESTA, FL 33469

Title: VTD () Delete
Name: SHEAROUSE, BILL
Address: 731 N US HIGHWAY 1, SUITE 6
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: HURWITZ, DARRYL M
Address: 1530 CYPRESS DRIVE, SUITE B
City-St-Zip: JUPITER, FL 33469

Title: VTD (X) Change () Addition
Name: SHEAROUSE, BILL
Address: 1530 CYPRESS DRIVE, SUITE B
City-St-Zip: JUPITER, FL 33469

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DARRYL M. HURWITZ

PSD

04/15/2009

Electronic Signature of Signing Officer or Director

Date