

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90136 026 \*\*\*150.00

0080344 AV

**DOCUMENT # P01000083083**

1. Entity Name

ALTERNATIVE REHABILITATION SERVICES, INC.



Principal Place of Business

398-H GOLFVIEW ROAD  
N PALM BEACH FL 33408

Mailing Address

398-H GOLFVIEW ROAD  
N PALM BEACH FL 33408

2. Principal Place of Business

314 11th ST  
Suite, Apt. #, etc.

3. Mailing Address

314 11th ST  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

West Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

65-1152250

Applied For

Not Applicable

Zip

33401

Country

Zip

33401

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HURWITZ, DARRYL M  
398-H GOLFVIEW ROAD  
N PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

Hurwitz Darryl M

Street Address (P.O. Box Number is Not Acceptable)

314 11th ST

City

West Palm Beach

FL

Zip Code

33401

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Darryl Hurwitz*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-14-03

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
HURWITZ, DARRYL M  
398-H GOLFVIEW ROAD  
N PALM BEACH FL 33408 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
QUEENAN, MARK  
12647 160TH ROAD N  
JUPITER FL 33478 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Darryl Hurwitz  
314 11th ST  
West Palm Beach ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
Queenan, mark  
314 11th ST West Palm Beach FL 33401 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
Bill Shegrouse  
314 11th ST West Palm Beach FL 33401 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Darryl Hurwitz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-03

Date

Daytime Phone #

832 8722

CR2E034 (4/03)