

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90056 036 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000051516

1. Entity Name
NDNC TREATMENT CENTER OF MIRAMAR, INC.



Principal Place of Business
 3172 UNIVERSITY DRIVE
 MIRAMAR, FL 33024

Mailing Address
 6067 HOLLYWOOD BLVD 3RD FLOOR
 HOLLYWOOD, FL 33024

2. Principal Place of Business
 3172 S. University Dr
 Suite, Apt. #, etc.

3. Mailing Address
 3172 S. University Dr.
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
MIRAMAR
 Zip
FL

Country

City & State
MIRAMAR FLA.
 Zip
33025

Country

4. FEI Number
81-0551472

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIRSCHENSON, ALAN
6067 HOLLYWOOD BLVD 3RD FLOOR
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

Name: **Ivan Daniel**
 Street Address (P.O. Box Number is Not Acceptable)
3172 S. University Drive
 City: **MIRAMAR** FL Zip Code: **33025**

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

[Signature]

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

(NOTE: Registered Agent's signature required when reinstating)

DATE
03/10/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$500.00
 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	Delete
PV	HIRSCHENSON, ALAN	6067 HOLLYWOOD BLVD 3RD FLOOR	HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Pres.	Ivan Daniel	3172 S. University Dr.	MIRAMAR, FL 33025	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Joseph M. Asorio	7801 SW 24 ST. # 102	MIAMI, FLA. 33155	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 an other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **03/10/03** (954) 392-8806
 Class Copying Phone #

CR2E034 (10/02)