

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000062549

FILED
Jan 06, 2004
Secretary of State

Entity Name: ASSISSTED ADDICTION RECOVERY SERVICES INC.

Current Principal Place of Business:

1061 COLLIER CENTER WAY
SUITE 6
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1061 COLLIER CENTER WAY
SUITE 6
NAPLES, FL 34110

New Mailing Address:

FEI Number: 65-0714681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEAVEY, CHRISTOPHER G
716 104TH AVENUE NORTH
NAPLES, FL 34108

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: P () Delete
Name: SEAVEY, CHRISTOPHER G
Address: 716 104TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34108

Title: T () Delete
Name: FINER, THERESA
Address: 1061 COLLIER CENTER WAY
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: SINCLAIR, DONALD
Address: 5237 GERMAIN STREET
City-St-Zip: QUINCY, MA 02169

Title: D () Delete
Name: TRIPP, SHERRY
Address: 181 MITCHELLS WAY
City-St-Zip: HYANNIS, MA 02604

Title: D () Delete
Name: DENNING, LINDA
Address: 3488 POINCIANA STREET
City-St-Zip: NAPLES, FL 34105

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:

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

SIGNATURE: CHRISTOPHER G. SEAVEY

P

01/06/2004

Electronic Signature of Signing Officer or Director

Date