

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012314

FILED
Jan 30, 2007
Secretary of State

Entity Name: ALTERNATIVE TREATMENT & REHABILITATION INFORMATION SERVICES, INC.

Current Principal Place of Business:

13641 REOANOKE STREET
DAVIE, FL 33325

New Principal Place of Business:

13641 ROANOKE STREET
DAVIE, FL 33325

Current Mailing Address:

13641 REOANOKE STREET
DAVIE, FL 33325

New Mailing Address:

13641 ROANOKE STREET
DAVIE, FL 33325

FEI Number: 55-0889982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

MINERVINI, JULIE T
13641 ROANOKE STREET
DAVIE, FL 33325 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: JULIE T MINERVINI

01/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MINERVINI, GARY E
Address: 13641 REOANOKE STREET
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: MINERVINI, JOANNE
Address: 13641 REOANOKE STREET
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MINERVINI, GARY E
Address: 13641 ROANOKE STREET
City-St-Zip: DAVIE, FL 33325

Title: D (X) Change () Addition
Name: MINERVINI, JOANNE
Address: 13641 ROANOKE STREET
City-St-Zip: DAVIE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY E MINERVINI

PSTD

01/30/2007

Electronic Signature of Signing Officer or Director

Date