

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060113

FILED
Apr 14, 2007
Secretary of State

Entity Name: TREATMENT CENTERS OF AMERICA, INC.

Current Principal Place of Business:

7461 NW 7TH ST.
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

7461 NW 7TH ST.
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: 20-4489787 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOWE, JENNIFER L
1724 NW 72ND AVE
PLANTATION, FL 33313 US

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: HOWE, JOHN T
Address: 7461 NW 7TH ST
City-St-Zip: PLANTATION, FL 33317 US

Title: VP () Delete
Name: HOWE, PATRICIA A
Address: 7461 NW 7TH ST
City-St-Zip: PLANTATION, FL 33317 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KAVEHZADEH, MASOUD
Address: 10640 NW 18TH PLACE
City-St-Zip: PLANTATION, FL 33322 US

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: JOHN T HOWE

P

04/14/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date