

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90598 001 ***300.00

DOCUMENT # P25295

1. Entity Name
COMPREHENSIVE ADDICTION PROGRAMS, INC.



Principal Place of Business
**1175 HERNDON PARKWAY
SUITE 250
HERNDON VA 20170**

Mailing Address
**1175 HERNDON PARKWAY
SUITE 250
HERNDON VA 20170**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-1282694**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **RHODES, JEROME E**
STREET ADDRESS **1175 HERNDON PARKWAY SUITE 250**
CITY-ST-ZIP **HERNDON VA 20170**

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

TITLE **TD** ☐ Delete
NAME **LEVINE, STEVEN**
STREET ADDRESS **1175 HERNDON PARKWAY SUITE 250**
CITY-ST-ZIP **HERNDON VA 20170**

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

TITLE **D** ☐ Delete
NAME **LANDIS, HOWARD**
STREET ADDRESS **1175 HERNDON PARKWAY SUITE 250**
CITY-ST-ZIP **HERNDON VA 20170**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/03

703-904-9300

CR2E034 (10/02)



February 21, 2003

Dear Vendors;

On February 21, 2003, CRC Health Corporation acquired the Comprehensive Addiction Programs. This includes:

Comprehensive Addictions Programs, Inc.
Advanced Treatment Systems, Inc.
ATS of Cecil County, Inc.
ATS of Delaware, Inc.
ATS of North Carolina, Inc.
BGI of Brandywine, Inc.
Bowling Green Inn of Pensacola, Inc.
Bowling Green Inn of South Dakota, Inc.
CAPS of Virginia, Inc.
Galax Treatment Center, Inc.
Stonehedge Convalescent Center, Inc.
Stonehedge Convalescent Center, Limited Partnership
Wilmington Treatment Center, Inc.

Effective the acquisition date, all invoices will be paid by CRC Health Corporation. Any questions pertaining to open invoices or payments should still be routed through your normal contacts within the Comprehensive Addiction Programs facilities.

Sincerely,

Accounts Payable Department
CRC Health Corporation