

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000007423

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** THE AMERICAN COLLEGE OF ADDICTIONOLOGY AND COMPULSIVE DISORDERS, INC.

## Current Principal Place of Business:

3303 FLAMINGO DR  
MIAMI BCH, FL 33140 US

## New Principal Place of Business:

3303 FLAMINGO DRIVE  
MIAMI BEACH, FL 33140 US

## Current Mailing Address:

3303 FLAMINGO DR  
MIAMI BCH, FL 33140 US

## New Mailing Address:

3303 FLAMINGO DRIVE  
MIAMI BEACH, FL 33140 US

FEI Number: 65-0433178

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HOLDER, RITA M  
3303 FLAMINGO DR  
MIAMI BCH, FL 33140 US

## Name and Address of New Registered Agent:

HOLDER, RITA M  
3303 FLAMINGO DRIVE  
MIAMI BEACH, FL 33140 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:

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HOLDER, RITA M  
Address: 3303 FLAMINGO DR  
City-St-Zip: MIAMI BCH, FL 33140

Title: VP (X) Delete  
Name: PECORARO, CARMINE  
Address: 3303 FLAMINGO DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: S (X) Delete  
Name: HOLDER, RITA MAE  
Address: 3303 FLAMINGO DR  
City-St-Zip: MIAMI BCH, FL 33140

Title: T (X) Delete  
Name: GISSEN, MATT  
Address: 3303 FLAMINGO DR  
City-St-Zip: MIAMI BCH, FL 33140

Title: S (X) Delete  
Name: HOLDER, ESTHER  
Address: 3303 FLAMINGO DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HOLDER, RITA M  
Address: 3303 FLAMINGO DR  
City-St-Zip: MIAMI BEACH, FL 33140

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 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: RITA M HOLDER

D

04/27/2006

Electronic Signature of Signing Officer or Director

Date