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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000058606 (3) DOCUMENT #

ADVANCED ADDICTION TREATMENT CENTER - THE PHOENI X GROUP, P.A.

Principal Place of Business 668 N. DIXIE

Mailing Address

FILED Jan 28 1998 8:00am Secretary of State



954 3810

668 N. DIXIE HWY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/16/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 01-0460581 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζıρ Country This corporation owes or has paid the current year Intengible 30 Personal Property Tax due June 30. Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BRUG, KENNETH 2611 SW 58TH MANOR 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33312 83 84 Zio Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ED Change Addition 1.1 TITLE TITLE BURG. KENNETH NAME 1.2 NAME 2611 S.W. 58TH MANOR STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33312 1.4 CITY - \$1 - 2IP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change ___ Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 14. Thereby 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 annual report or suppliemental annual 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 of the