

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 12:13

DOCUMENT # P94000039526 (6)

1. Corporation Name

CENTER FOR NON-ADDICTIVE LIVING, INC.

Principal Place of Business

114 SIXTH AVENUE
INDIANTLANTIC FL 32903

Mailing Address

114 SIXTH AVENUE
INDIANTLANTIC FL 32903

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/19/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

25

Suite, Apt. #, etc.

City & State

22

Zip

Country

City & State

27

Zip

Country

23

24

25

Country

26

Zip

Country

4. FEI Number

59-3255667

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MITCHELL, BRUCE A ESQ.
1825 S. RIVERVIEW DRIVE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

James M. O'Brien, Esq.

82

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

516 N. Harbor City Blvd.

83

84

City
Melbourne

FL

85

Zip Code

32935

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

MEHTA, VINEET M.D.

STREET ADDRESS

114 SIXTH AVENUE

CITY - ST - ZIP

INDIANTLANTIC FL 32903

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Vineet Mehta, MD

VINEET MEHTA

PRESIDENT

2/1/95

407 951 2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #