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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000050691 (1)**

1. Corporation Name

THE ADDICTIONS CENTER FOR TREATMENT, INC.

Principal Place of Business	Mailing Address
3118 FLORIDA BLVD #202B DELRAY BEACH FL 33483	3118 FLORIDA BLVD #202B DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: 06/28/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2405 S. Federal Hwy	26 2405 S. Federal Hwy.
Suite, Apt. #, etc. 22 C-1	Suite, Apt. #, etc. 27 C-1
City & State 23 DELRAY BEACH FL	City & State 28 DELRAY BEACH FL
Zip 24 33483	Country 25 U.S.A.
Zip 29 33483	Country 30 U.S.A.

4. FEI Number: 65-0594485 E — ☐ 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

CHERNAK, MICHAEL
3118 FLORIDA BLVD #202B
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip 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 _____ DATE _____
Signature, type or print name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUSTEMIAN, JAMES		1.2 NAME		
STREET ADDRESS	WALT WHITMAN RD STE LL11		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELVILLE NY 11747		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	V D	☒ Change ☐ Addition
NAME	CHERNAK, MICHAEL		2.2 NAME		
STREET ADDRESS	3118 FLORIDA BLVD #202B		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483		2.4 CITY-ST-ZIP		
TITLE	X	☐ DELETE	3.1 TITLE	S T D	☐ Change ☐ Addition
NAME			3.2 NAME	VAN KLEECK, DAVID B.	
STREET ADDRESS			3.3 STREET ADDRESS	21336 PALOMA CT.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(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: David Van Kleeck — 1/23/96 — 407-278-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID B. VAN KLEECK