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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

1996

DIVISION OF CORPORATIONS P95000066260 (7)

DOCUMENT #
1. Corporation Name

ALTERNATIVE REHAB CENTERS, INC.



	ne of Business	Mailing Address	·			-	OBIN OBNO UKU		IIA MININ BASI MAA
Principa: Ptace of Business Mailing Address 901 SOUTH STATE ROAD SEVEN PLANTATION FL 33317 PLANTATION FL 33317									
PLANIAIRO	JN PL 35317	PLANIATION	FL 33317			3. Date Incorporated or Qualified 08/25/1995	3a. Date	of Last F	Report
2. Principa! F	Place of Business	2a, Mailing Add	ress			4. FEI Number	·····		Applied For
<u></u>	48/18/81/17/17	26			·· • • • • • • • • • • • • • • • • • •	65-060769	U		Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #	ŧ, etc.			5. Certificate of Status Desired			5 Additional Required
City & Sta	ate	City & State	;			6. Election Campaign Financing		\$5.0	00 May Be
]		28				Trust Fund Contribution		Adde	ed to Fees
Zip	Country	Zip	— ¬	Country		This corporation has liability for in Florida Statutes		under s	s 199.032,
	9 Name and Address of Cur	29	30	r		Florida Statutes Yes 10. Name and Address of New Re		gent	· ·
	g. Name and Address of Cur	Tent negistered Agent		81	Name	10. Name and Address of New York	- Gioloica P	gont	
WEINE	BERG, STEVEN				<u> </u>	C C C N N N N N N N N N N N N N N N N N			
	PEERS ROAD		82 Stree		Street Addir	ess (P.O. Box Number is Not Acceptable	ie)		
2ND F				83					
PLANT	TATION FL 33321			84	City			85 2	ip Code
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	ADLER, BARRY	CENTEN		1.2 NAME					
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ruo inalety 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 early 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, Ficrida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address