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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000088191 (7)**

1. Corporation Name
ASSISTED ADDICTION RECOVERY, INC.

Principal Place of Business	Mailing Address
800 SEAGATE DRIVE SUITE C111 NAPLES FL 33901	800 SEAGATE DRIVE SUITE C111 NAPLES FL 34103-2809

3. Date Incorporated or Qualified: **10/23/1996**
3a. Date of Last Report:

2. Principal Place of Business
21 Suite, Apt. #, etc.: 11983 N.Tamiami Trail
22 City & State: Suite #113
23 Zip: Naples, FL
24 Country: 34110 25 USA

2a. Mailing Address
26 Suite, Apt. #, etc.: 11983 N.Tamiami Trail
27 City & State: Suite 113
28 Zip: Naples, FL
29 Country: 34110 30 USA

4. FEI Number — [x] 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
GILMORE, DAVID
3660 BROADWAY
FT MYERS FL 33901

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: David Gilmore — 03/08/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	DAVID GILMORE	1.2 NAME	
STREET ADDRESS	3660 BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	1.4 CITY-ST-ZIP	
TITLE	SECRETARY [ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	CHRISTOPHER SEAVEY	2.2 NAME	
STREET ADDRESS	716 104TH AVE N	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34108	2.4 CITY-ST-ZIP	
TITLE	TREASURER [ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	DAVID GILMORE	3.2 NAME	
STREET ADDRESS	3660 BROADWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	3.4 CITY-ST-ZIP	
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	500002139635
STREET ADDRESS		6.3 STREET ADDRESS	-04/10/97--01089--026
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

CR2E034 (9/96)

14. I do hereby 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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. 4-10-97

SIGNATURE: David Gilmore — 03/08/97 — 941-435-4015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #