2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2016
Secretary of State
CC5311950284

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Entity Name: COMPREHENSIVE ALCOHOLISM REHABILITATION PROGRAMS, INC

Current Principal Place of Business:

1715 TIFFANY DRIVE EAST
WEST PALM BEACH, FL 33407

Current Mailing Address:

P.O. BOX 2507
WEST PALM BEACH, FL 33402 US

FEI Number: 59-1447364

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KURTZ, JOHN D
1280 N. CONGRESS AVE, SUITE 107
WEST PALM BEACH, FL 33409 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P	Title	VP
Name	LANDERS, V KELLY	Name	RAY, HAROLD CALVIN
Address	315 26TH STREET	Address	4431 EMBARCADERO DRIVE
City-State-Zip:	WEST PALM BEACH FL 33407	City-State-Zip:	WEST PALM BEACH FL 33407
Title	SECRETARY	Title	TREASURER
Name	NICOLA, CARL	Name	FAGAN, MICHAEL R
Address	3570 S. OCEAN BLVD. PH-614	Address	442 RIVER EDGE ROAD
City-State-Zip:	PALM BEACH FL 33480	City-State-Zip:	JUPITER FL 33477

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KELLY V. LANDERS PRESIDENT 01/21/2016

Electronic Signature of Signing Officer/Director Detail — Date