2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2014
Secretary of State
CC9483727258

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Entity Name: COMPREHENSIVE ALCOHOLISM REHABILITATION PROGRAMS, INC

Current Principal Place of Business:

5410 EAST AVE
W. 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	VP	Title	PRESIDENT
Name	WEINTZ, TODD	Name	MILLER, PARK
Address	1306 S. LAKESIDE DRIVE	Address	239 TANGIER AVENUE
City-State-Zip:	LAKE WORTH FL 33460	City-State-Zip:	PALM BEACH FL 33480
Title	SECRETARY	Title	TREASURER
Name	LISI, PEGGY	Name	HAMILTON, HARRY S.
Address	17036 44TH PLACE N.	Address	800 NORTH FLAGLER DRIVE
City-State-Zip:	LOXAHATCHEE FL 33470	City-State-Zip:	WEST PALM BEACH FL 33401

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: PARK MILLER PRESIDENT 03/13/2014

Electronic Signature of Signing Officer/Director Detail — Date