

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004019

**FILED  
Apr 24, 2013  
Secretary of State  
CC5662966558**

**Entity Name:** CENTER FOR ADDICTION, RESEARCH, EDUCATION AND SUPPORT, INC.

**Current Principal Place of Business:**

375 HERON'S RUN DRIVE - 901  
SARASOTA, FL 34232

**Current Mailing Address:**

375 HERON'S RUN DRIVE - 901  
SARASOTA, FL 34232

**FEI Number: 26-2561732**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

O'CONNELL, COLLEEN  
375 HERON'S RUN DRIVE - 901  
SARASOTA, FL 34232 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 PASD  
Name O'CONNELL, COLLEEN  
Address 375 HERON'S RUN DRIVE - 901  
City-State-Zip: SARASOTA FL 34232

Title VPSD  
Name CARLSON, RICHARD  
Address 2607 BAY DRIVE  
City-State-Zip: BRADENTON FL 34207

Title TD  
Name HARMON, KYLE  
Address 6737 W WASHINGTON STREET,  
SUITE 3105  
City-State-Zip: WEST ALLIS WI 53214

*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: COLLEEN O'CONNELL**

**PRINCIPAL**

**04/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date