

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000000518

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

**Current Principal Place of Business:**

1915 SW 9TH AVENUE  
FORT LAUDERDALE, FL 33315

**Current Mailing Address:**

1915 SW 9TH AVENUE  
FORT LAUDERDALE, FL 33315 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CANFIELD, BRIAN S  
1915 SW 9TH AVENUE  
FORT LAUDERDALE, FL 33315 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  
Name CANFIELD, IRENE L  
Address 1915 SW 9TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33315

Title CFO  
Name CANFIELD, BRIAN S  
Address 1915 SW 9TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33315

Title VP  
Name OURSO, CAROLINE C  
Address 3600 JUNIOR PLACE  
City-State-Zip: SHREVEPORT LA 71119

*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: BRIAN STEPHEN CANFIELD**

**CEO**

**01/24/2018**

Electronic Signature of Signing Officer/Director Detail

Date