#### 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. SIGNATURE: JAY WEINSTEIN 02/16/2016

# SIGNATURE: JAY WEINSTEIN

Electronic Signature of Signing Officer/Director Detail

Entity Name: ASSESSMENT & TREATMENT CENTERS, INC. Current Principal Place of Business:

1399 NW 17TH. AVENUE 306-D MIAMI, FL 33125

### **Current Mailing Address:**

DOCUMENT# P0300004196

1399 NW 17TH. AVENUE 306-D MIAMI, FL 33125

#### FEI Number: 22-3891206

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

WEINSTEIN, JAY MDIR 1399 NW 17TH. AVENUE 306-D MIAMI, FL 33125 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
Officer/Director Detail :

Title	PST	Title	CFO
Name	WEINSTEIN, JAY M	Name	WEINSTEIN, SUSAN E
Address	1399 NW 17TH. AVENUE, SUITE 306-D	Address	1399 NW 17TH. AVENUE 306-D
City-State-Zip:	MIAMI FL 33125	City-State-Zip:	MIAMI FL 33125

## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### FILED Feb 16, 2016 Secretary of State CC5985387935

Date

Certificate of Status Desired: No

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Date