

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000004196

**Entity Name:** ASSESSMENT & TREATMENT CENTERS, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 22-3891206

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

*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 M WEINSTEIN, PHD

**DIRECTOR/PRESIDENT**

**02/23/2015**

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

\_\_\_\_\_  
Date