FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Feb 07 1997 8:00am

Secretary of State

Date

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708

705789

(6)

Mailing Address

ANCLOTE PSYCHIATRIC CENTER, INC.

C/O ROBERT KRUSOE 2002 N LOIS AVE #160		C/O ROBERT KRUSOE 2002 N LOIS AVE #160 TAMPA FL 33607-2366			
TAMPA FL 33607 US		IAMPA FL 33607-2366 US		3. Date incorporated or Qualified 3a. 07/12/1951	Date of Last Report 10/21/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-0875137	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		o. Commodia of Otalos Desired	Fee Required
City & State	B	City & State		6. Election Campaign Financing	\$5.00 May Be
Zıp	I Countrie	28	0	Trust Fund Contribution	Added to Fees
24 Zip	Country	Zip	Country	8. This corporation has liability for intangi	
24	9. Name and Address of Current	29 30 Registered Agent	21	Florida Statutes Yes 10. Name and Address of New Registers	□ No
		- regiono rigorit	81 Name	IV. Name and Address of fide fregister	su Ageill
VALLED MANUEL ID					
VALLES, MANUEL, JR.			82 Street Address (P.O. Box Number is Not Acceptable)		
109 S. LOCKMOOR AVE.			83	"	
IEMPLE	TERRACE FL 33617	·			
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. Lamilamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND	*** ***********************************	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	JASLOW, ALBERT		1.2 NAME		_ , _
STREET ADDRESS	9313 NW 48TH DORAL TERRA	CE	1.3 STREET ADDRESS	•,	
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	VAN DE WETTERING, ROBERT	J M.O.	2.2 NAME		
STREET ADDRESS	6696 RIVERSIDE DR NW	· 1,11.5.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		2. 4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		Change Addition
NAME	MCLEAN, THOMAS E		3.2 NAME		The straings The strain of the
STREET ADORESS	1339 43RD AVE N		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		3.4. CITY-ST-ZIP		
TITLE	CD	☐ DÉLETE	4.1 TITLE		Change Addition
NAME	VALLES JR, MANUEL		4.2 NAME		
STREET ADDRESS	109 SO LOCKMOOR AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE, FL 00000		4.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HIBBS, LORRAINE		5.2 NAME		C ordings C Madeleri
STREET ADDRESS	3501 BAYSHORE BLVD #904		5.3 STREET ADDRESS		
CITY-ST-ZIP		'		•	
TITLE	TAMPA FL	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		_ out.n			Change Chyangen
1			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	by certify that the information supplied	with this filing close not qualify (6.4 CITY-ST-ZIP	od in Section 110 07/3Vi). Florida Statutos I fun	than agrifu that the
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on any attachment with an address.					