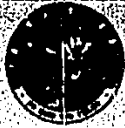


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morrison
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F78278 (1)

1. Corporation Name
GULF COAST TREATMENT CENTER, INC.

Principal Place of Business	Mailing Address
639 LOYOLA AVE STE1700 NEW ORLEANS LA 70113 US	639 LOYOLA AVE STE 1700 NEW ORLEANS LA 70113 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/29/1982	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 56-1341134	Applied For <input type="checkbox"/>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. City & State	28. City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. City	25. County	29. Zip	30. County

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	—
NAME	EUMONT, JACK, V.
STREET ADDRESS	STE 1700
CITY, ST, ZIP	NEW ORLEANS FL
TITLE	PD
NAME	BROWNE, GREGORY, H.
STREET ADDRESS	639 LOYOLA AVE STE 1700
CITY, ST, ZIP	NEW ORLEANS LA
TITLE	VS
NAME	QUINN, JOHN A.
STREET ADDRESS	639 LOYOLA AVE STE 1700
CITY, ST, ZIP	NEW ORLEANS LA
TITLE	VPD
NAME	SOREN, BRUCE R
STREET ADDRESS	639 LOYOLA AVE STE 1700
CITY, ST, ZIP	NEW ORLEANS LA
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 149.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as required, or on an attachment with an address.

SIGNATURE:

GREGORY H. BROWNE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95
Date

504-525-2505
Telephone No.