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PROFIT CORPORATION ANNUAL REPORT



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

1996
DOCUMENT #
1. Corporation Name

F78278

(1)

GULF COAST TREATMENT CENTER, INC.

FILED May 01, 1996 08:00 AM Secretary of State



incipa! Place	of Business	Mailing Address					0.5	• • • • • • • • • • • • • • • • • • • •
639 LOYOLA	AVE	639 LOYOLA AVE						
STE1700 NEW ORLEAN	NS 14 70113		STE 1700 NEW ORLEANS LA 70113			T		
NEW ORLEANS LA 70113 US		US			3. Date Incorporated or Qualified		3a. Date of Last Report 05/01/1995	
					04/29/1982 4. FEI Number	<u> </u>		Applied For
Principal Pla	ace of Business	2a. Mailing Address			56-1341134		<b></b>	Not Applicable
Cuita Ant H	+ nto	26   Suite, Apt. #, etc.					<del></del>	Additional
Suite, Apt. #	a, etc.	27			5. Certificate of Status Desired		•	Required
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
		28			Trust Fund Contribution			to Fees
<i>Z</i> ip	Country	Zip	Country	/	8. This corporation has liability for		under s	199.032,
	25	29	30			s No		
	9. Name and Address o	of Current Registered Agent	81	Name	10. Name and Address of New	Registered A	gent	
			61					
	RPORATION SYSTEM		82 Street Ad		ldress (P.O. Box Number is Not Accepta	able)		
1200 S. PINE ISLAND ROAD			83	ļ				
PLANTA	TION FL 33324							
			84	City		FI	85 Zı	o Code
6	the annihims of Costions	POZ 0500 and 607 1509 Florida Statu	tee the above-	named com	poration submits this statement for the popard of directors. I hereby accept the ap	uroose of char	LLLL naina its r	eaistered off
tamıllar wit	th, and accept the obligations							
SNATURE _	Signature, typed or printed name of regi	gistered agent and title if applicable (N	OTE: Registered Ago	nt signature req	uired when reinstating)	DATE EICERS AND	DIDECTO	IBS IN 12
NATURE _	Signature, typed or printed name of regi	gistered agent and title if applicable (N CERS AND DIRECTORS	OTE: Registered Ago	······	uired when reinstaing)  ADDITIONS/CHANGES TO OF	FICERS AND		
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and triat my signature shall have the same legal effect as in made order 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 if changed or in an attachment with an address.

SIGNATURE:

NGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

504-525 - 2505