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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F78278 (1)
1. Corporation Name
GULF COAST TREATMENT CENTER, INC.



Principal Place of Business: 639 LOYOLA AVE STE 1700 NEW ORLEANS LA 70113 US

Mailing Address: 639 LOYOLA AVE STE 1700 NEW ORLEANS LA 70113-3182 US

2. Principal Place of Business: 21 ONE ALHAMBRA PLAZA Suite, Apt. #, etc. 22 SUITE 750 City & State: 23 CORAL GABLES, FLORIDA Zip: 24 33134 Country: 25 US

2a. Mailing Address: 26 ONE ALHAMBRA PLAZA Suite, Apt. #, etc. 27 SUITE 750 City & State: 28 CORAL GABLES, FLORIDA Zip: 29 33134 Country: 30 US

3. Date Incorporated or Qualified: 04/29/1982 3a. Date of Last Report: 05/01/1996

4. FEI Number: 56-1341134 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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: _____ DATE: _____
Signature: typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS		13.
TITLE	PD	1.1 TITLE
NAME	JENNINGS, REYNOLD	1.2 NAME
STREET ADDRESS	639 LOYOLA AVE STE 1700	1.3 STREET ADDRESS
CITY-ST-ZIP	NEW ORLEANS LA	1.4 CITY-ST-ZIP
TITLE	VS	2.1 TITLE
NAME	QUINN, JOHN A.	2.2 NAME
STREET ADDRESS	639 LOYOLA AVE STE 1700	2.3 STREET ADDRESS
CITY-ST-ZIP	NEW ORLEANS LA	2.4 CITY-ST-ZIP
TITLE	T	3.1 TITLE
NAME	SIMS, DANIEL	3.2 NAME
STREET ADDRESS	639 LOYOLA AVE STE 1700	3.3 STREET ADDRESS
CITY-ST-ZIP	NEW ORLEANS LA	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition

1.2 NAME: Change Addition

1.3 STREET ADDRESS: Change Addition

1.4 CITY-ST-ZIP: Change Addition

2.1 TITLE: Change Addition

2.2 NAME: Change Addition

2.3 STREET ADDRESS: ONE ALHAMBRA PLAZA SUITE 750

2.4 CITY-ST-ZIP: CORAL GABLES, FL. 33134

3.1 TITLE: Change Addition

3.2 NAME: Change Addition

3.3 STREET ADDRESS: ONE ALHAMBRA PLAZA SUITE 750

3.4 CITY-ST-ZIP: CORAL GABLES, FLORIDA 33134

4.1 TITLE: Change Addition

4.2 NAME: REYNOLDO CIBRAN

4.3 STREET ADDRESS: ONE ALHAMBRA PLAZA SUITE 750

4.4 CITY-ST-ZIP: CORAL GABLES, FLORIDA 33134

5.1 TITLE: Change Addition

5.2 NAME: Change Addition

5.3 STREET ADDRESS: Change Addition

5.4 CITY-ST-ZIP: Change Addition

6.1 TITLE: Change Addition

6.2 NAME: Change Addition

6.3 STREET ADDRESS: Change Addition

6.4 CITY-ST-ZIP: Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment to this report.

SIGNATURE: _____ DATE: _____

CR2E034 (9/96)