

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F78278 (1)
 1. Corporation Name
GULF COAST TREATMENT CENTER, INC.



Principal Place of Business ONE ALHAMBRA PLAZA STE 750 CORAL GABLES FL 33134 US	Mailing Address ONE ALHAMBRA PLAZA STE 750 CORAL GABLES FL 33134 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 04/29/1982	
4. FEI Number 56-1341134	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> DELETE
NAME	QUINN, JOHN A.	
STREET ADDRESS	639 LOYOLA AVE STE 1700	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SIMS, DANIEL	
STREET ADDRESS	639 LOYOLA AVE STE 1700	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Quinn, John A.
1.3 STREET ADDRESS	One Alhambra Plaza, Suite 750
1.4 CITY-ST-ZIP	Coral Gables, FL 33134
2.1 TITLE	VP/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sims, Daniel
2.3 STREET ADDRESS	One Alhambra Plaza, Suite 750
2.4 CITY-ST-ZIP	Coral Gables, FL 33134
3.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cibrán, Bert G.
3.3 STREET ADDRESS	One Alhambra Plaza, Suite 750
3.4 CITY-ST-ZIP	Coral Gables, FL 33134
4.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lang, Carol C.
4.3 STREET ADDRESS	One Alhambra Plaza, Suite 750
4.4 CITY-ST-ZIP	Coral Gables, FL 33134
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Daniel Sims* Daniel Sims 4/29/98 (305) 569-6993

CP2E034 (10/97)