


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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90038 048 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F78278
 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

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified 04/29/1982	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 56-1341134	
5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property Tax. <input 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 FL 85 Zip Code
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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	D <input checked="" type="checkbox"/> DELETE
NAME	QUINN, JOHN A.
STREET ADDRESS	1 ALHAMBRA PLAZA, STE 750
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	SIMS, DANIEL
STREET ADDRESS	1 ALHAMBRA PLAZA, STE 750
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	P.D. <input type="checkbox"/> DELETE
NAME	CIBRAN, B G
STREET ADDRESS	1 ALHAMBRA PLAZA, STE 750
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	LANG, C C
STREET ADDRESS	1 ALHAMBRA PLAZA, STE 750
CITY-ST-ZIP	CORAL GABLE FL 33134
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V.P. <input type="checkbox"/> DELETE
NAME	Jorge Rico
STREET ADDRESS	One Alhambra Plaza, Suite 750
CITY-ST-ZIP	Coral Gables, FL. 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V.P.D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marcio Cabrera
1.3 STREET ADDRESS	One Alhambra Plaza - Suite 750
1.4 CITY-ST-ZIP	Coral Gables, FL. 33134
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Marcio Cabrera* **3/25/99** (305) 569-4632
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)