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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F78278 1. Corporation Name

GULF COAST TREATMENT CENTER, INC.

Principal Place	of Business	Mailing Address											
ONE ALHAMBRA PLAZA		one alhambra plaza								1			
STE 750		STE 750				DO NOT WRITE IN THIS SPACE							
CORAL GABLES	5 FL 33134	CORAL GABLES FL 33134 US				3. Date Incorporated or Qualifed							
05		00				04/29/1982							
2 Dissipat Ol	and of Business	2a. Mailing Address			- 		l Number				App	ied For	
¬ '	ace of Business	<u> </u>					-1341134			-	+	Applicable	
21	# ata	Suite, Apt. #, etc.									\$8.75 Additional		
Suite, Apt. 7	ψ, etc.	ouite, Apt. II, dio.				5 . Ce	rtifcate of State	us Desired	又		e Req		
22 Citý & State		City's State				e Elő	ection Campaig	in Financing		¢ 5	.00 k	lav Bo	
`		28					st Fund Contr	-			ded to		
23 Zip	Country	Zip Country							rent vear Inta				
	25	29 30			'	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No							
24	9. Name and Address of Current	_ 	<u>'1</u>		10. Name and Address of New Registered Agent								
	J. Halle Blig Address V. Velivenia		81	Nam									
CT CORPORATION SYSTEM													
	S. PINE ISLAND ROAD		82	Stree	treet Address (P.O. Box Number is Not Acceptable)								
	NTATION FL 33324		83	 									
					-								
	•		84	City					FI	85	Zip Co	ode	
		and COT 4500 Florida Statutas	the abov	i name	d cornorat	ion su	hmite this state	ement for the		:bandi	na its a	egistered	
office or re	egistered agent, or both, in the State of	f Florida. Such change was auth	orized by	the co	poration's	board	of directors.	hereby acce	pt the appoin	tment	as regi	stered	
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 Standiture typed or printed pame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	nk signatur	e required wile		OITIONS/CHAN	IGES TO OF		DOIRE	CTOR	S IN 12	
TITLE	D .	DELETE	1.1 TITLE	···	7 7.8					Ch		Addition	
	QUINN, JOHN A.	Γ	1.2 NAME		Mar	-cic	Cabre	m	۸ ۵.			' (
NAME	·			T ADDRES	. One	. A1	humbra	Plata	~ >0.146	75	Ō	j	
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NAME	SIMS, DANIEL			T 400000	.	,				نس ة		- 1	
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πιε	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	□ DE (ATRIA)	6.1 TITLE							Ch	ang e	Addition	
NAME	Jorge Pico		62 NAME		1							ነ	

STREET ADDRESS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99 (305) 565-465Z

CR2F034 (11/98)