

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90211 030 \*\*\*150.00

**DOCUMENT # F78278**  
 1. Entity Name  
**GULF COAST TREATMENT CENTER, INC.**



Principal Place of Business      Mailing Address  
**ONE ALHAMBRA PLAZA**      **ONE ALHAMBRA PLAZA**  
**STE 750**      **STE 750**  
**CORAL GABLES, FL 33134 US**      **CORAL GABLES, FL 33134 US**



2. Principal Place of Business      3. Mailing Address  
**113 Seaboard Lane**      **113 Seaboard Lane**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite C-100**      **Suite C-100**

City & State      City & State  
**Franklin TN**      **Franklin TN**  
 Zip      Country      Zip      Country  
**37067 US**      **37067 US**

04162004      Chg-P      CR2E034 (10/03)  
 4. FEI Number      Applied For  
**56-1341134**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CABRERA, MARCIO	
STREET ADDRESS	1 ALHAMBRA PLAZA, STE 750	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CIBRAN, B G	
STREET ADDRESS	1 ALHAMBRA PLAZA, STE 750	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RICO, JORGE	
STREET ADDRESS	1 ALHAMBRA PLAZA STE 750	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joey A. Jacobs	
STREET ADDRESS	113 Seaboard Lane Suite C-100	
CITY-ST-ZIP	Franklin TN 37067	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven T. Davidson	
STREET ADDRESS	113 Seaboard Lane Suite C-100	
CITY-ST-ZIP	Franklin TN 37067	
TITLE	T/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Polson	
STREET ADDRESS	113 Seaboard Lane Suite C-100	
CITY-ST-ZIP	Franklin TN 37067	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brent Turner	
STREET ADDRESS	113 Seaboard Lane Suite C-100	
CITY-ST-ZIP	Franklin TN 37067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Jack Polson, VP**      **4-26-04**      **615-312-5700**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #