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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H64609 (1)
1. Corporation Name
MANATEE PALMS RESIDENTIAL TREATMENT CENTER, INC.

Principal Place of Business Mailing Address
**1324 37TH EAST 3080 WILLIAMS DR.
BRADENTON FL 34208 FAIRFAX VA 22031**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/01/1985	04/14/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		52-1409474	Not Applicable
24 Zip		25 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOCHT, MICHAEL H SR	1.2 NAME	
STREET ADDRESS	2700 COLORADO AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90404	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSONS, MARIS	2.2 NAME	
STREET ADDRESS	2700 COLORADO AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90404	2.4 CITY-ST-ZIP	
TITLE	CFO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIASSEN, RAYMOND L	3.2 NAME	
STREET ADDRESS	2700 COLORADO AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90404	3.4 CITY-ST-ZIP	
TITLE	AT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLEN, TERENCE P	4.2 NAME	
STREET ADDRESS	2700 COLORADO AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90404	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, RICHARD B	5.2 NAME	
STREET ADDRESS	2700 COLORADO AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90404	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SCOTT M	6.2 NAME	
STREET ADDRESS	2700 COLORADO AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90404	6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Scott M. Brown 4/24/95 310/998-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Telephone #
 Scott M. Brown, Secretary and Director