

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

**APPROVED
AND
FILED**

1997 APR 29 PM 4: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H64609

1. Corporation Name
MANATEE PALMS RESIDENTIAL TREATMENT CENTER, INC.

Principal Place of Business 3820 State Street Santa Barbara, CA 93105	Mailing Address c/o Mary Yumibe 3820 State Street Santa Barbara, CA 93105
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2. Principal Place of Business 21. State, Apt. #, etc. 22. City & State 23. Zip	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip	3. Date Incorporated or Qualified 7/3/85	3a. Date of Last Report 1996
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4. FEI Number 52-1409474	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent C T 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, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P <input type="checkbox"/> DELETE	NAME: Timothy L. Pullen	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 14001 Dallas Parkway	CITY-ST-ZIP: Dallas, TX 75240	1.2 NAME:	
TITLE: V/S <input type="checkbox"/> DELETE	NAME: Richard B. Silver	1.3 STREET ADDRESS:	
STREET ADDRESS: 3820 State Street	CITY-ST-ZIP: Santa Barbara, CA 93105	1.4 CITY-ST-ZIP:	
TITLE: V/T <input type="checkbox"/> DELETE	NAME: Terence P. McMullen	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3820 State Street	CITY-ST-ZIP: Santa Barbara, CA 93105	2.2 NAME:	
TITLE: AS <input type="checkbox"/> DELETE	NAME: Alan Lundgren	2.3 STREET ADDRESS:	
STREET ADDRESS: 3820 State Street	CITY-ST-ZIP: Santa Barbara, CA 93105	2.4 CITY-ST-ZIP:	
TITLE: D <input type="checkbox"/> DELETE	NAME: Scott M. Brown	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3820 State Street	CITY-ST-ZIP: Santa Barbara, CA 93105	3.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	3.3 STREET ADDRESS:	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	4.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4.3 STREET ADDRESS:	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.3 STREET ADDRESS:	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS:	
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP:	

14. I do 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 included 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: Alan Lundgren **Alan Lundgren, Asst. Sec'y** 4/25/97 805/563-7075
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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 ****165.00 ****165.00

total 4/29/97