

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 APR 27 PM 12: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **J28236** (4)  
1. Corporation Name  
**OUTPATIENT RECOVERY CENTERS, INC.**

Principal Place of Business Mailing Address  
**1500 NORTHWEST 49TH ST.  
FT. LAUDERDALE FL 33309** **3000 WILLIAMS DR.  
FAIRFAX VA 22031**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/12/1986** 3a. Date of Last Report **04/14/1994**  
4. FEI Number **94-3016191** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 119.032, Florida Statutes  Yes  No

2. Principal Place of Business 26. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Zip  
24. Country 29. Country  
30. Country

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  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PCOO</b>	<b>BERNSTEIN, RONALD T</b> 2700 COLORADO AVE SANTA MONICA CA 90404	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<b>200001469192</b>
TITLE <b>SVP</b>	<b>MATHIASSEN, RAYMOND L</b> 2700 COLORADO AVE SANTA MONICA CA 90404	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>-05/01/95--01054 range 0061</b>
NAME		2.2 NAME	<b>****200.00 ****200.00</b>
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE <b>SD</b>	<b>BROWN, SCOTT M</b> 2700 COLORADO AVE SANTA MONICA CA 90404	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE <b>CFO</b>	<b>JOSEPH, THOMAS</b> 2700 COLORADO AVE SANTA MONICA CA 90404	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE <b>AS</b>	<b>SILVER, RICHARD B</b> 2700 COLORADO AVE SANTA MONICA CA 90404	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE <b>AT</b>	<b>MCMULLEN, TERENCE P</b> 2700 COLORADO AVE SANTA MONICA CA 90404	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>SP 4/27</b>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 119.07(3)(b), 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 Date (Typed Name)