

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Motham  
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

3060 WILLIAMS DR.  
FAIRFAX VA 22031

2. Principal Place of Business

2a. Mailing Address

26 | **2700 Colorado Avenue**

State, Apt. #, etc.

27 | City & State

28 | **Santa Monica, CA**

29 | Zip

**90404**

30 | Country

**U.S.A.**

3. Date Incorporated or Qualified

**08/12/1986**

3a. Date of Last Report

**04/27/1995**

4. FEI Number

**94-3016191**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

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

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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. Thereby accept the appointment as registered agent. I am turning over and accept the obligations of Section 607.0502, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 NAME	PCOO BERNSTEIN, RONALD T	<input checked="" type="checkbox"/> DELETE
11.2 STREET ADDRESS	2700 COLORADO AVE	
11.3 CITY, ST, ZIP	SANTA MONICA CA 90404	
11.4 NAME	SVP	<input checked="" type="checkbox"/> DELETE
11.5 NAME	MATHIASSEN, RAYMOND L	
11.6 STREET ADDRESS	2700 COLORADO AVE	
11.7 CITY, ST, ZIP	SANTA MONICA CA 90404	
11.8 NAME	SD	<input type="checkbox"/> DELETE
11.9 NAME	BROWN, SCOTT M	
11.10 STREET ADDRESS	2700 COLORADO AVE	
11.11 CITY, ST, ZIP	SANTA MONICA CA 90404	
11.12 TITLE	CFO	<input checked="" type="checkbox"/> DELETE
11.13 NAME	JOSEPH, THOMAS	
11.14 STREET ADDRESS	2700 COLORADO AVE	
11.15 CITY, ST, ZIP	SANTA MONICA CA 90404	
11.16 NAME	AS	<input checked="" type="checkbox"/> DELETE
11.17 NAME	SILVER, RICHARD B	
11.18 STREET ADDRESS	2700 COLORADO AVE	
11.19 CITY, ST, ZIP	SANTA MONICA CA 90404	
11.20 NAME	AT	<input type="checkbox"/> DELETE
11.21 NAME	MCMULLEN, TERENCE P	
11.22 STREET ADDRESS	2700 COLORADO AVE	
11.23 CITY, ST, ZIP	SANTA MONICA CA 90404	

13.1 TITLE	VP & Asst. Secty.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	Christi R. Sulzbach	
13.3 STREET ADDRESS	2700 Colorado Avenue	
13.4 CITY, ST, ZIP	Santa Monica, CA 90404	
13.5 TITLE	VP & Asst. Secty.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	David W. Layne	
13.7 STREET ADDRESS	2700 Colorado Avenue	
13.8 CITY, ST, ZIP	Santa Monica, CA 90404	
13.9 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.10 NAME	Scott M. Brown	
13.11 STREET ADDRESS	2700 Colorado Avenue	
13.12 CITY, ST, ZIP	Santa Monica, CA 90404	
13.13 TITLE	Asst. Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	Lawrence G. Hixon	
13.15 STREET ADDRESS	2700 Colorado Avenue	
13.16 CITY, ST, ZIP	Santa Monica, CA 90404	
13.17 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	Terence P. McMullen	
13.19 STREET ADDRESS	2700 Colorado Avenue	
13.20 CITY, ST, ZIP	Santa Monica, CA 90404	

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)(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* Scott M. Brown  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

(310) 998-8427

CR2E034 (12/95)

*CMC  
2/15/96*