

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # J28236**

1. Corporation Name  
**OUTPATIENT RECOVERY CENTERS, INC.**

Principal Place of Business  
**3820 STATE STREET  
SANTA BARBARA CA 93105**

Mailing Address  
**% MARY H. YUMIBE  
3820 STATE STREET  
SANTA BARBARA CA 93105**

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name  
82 Street Address (P.O. Box Numbers Not Acceptable)  
83  
84 City

**FL** 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

Signature, typed or printed name of registered agent and title, if appropriate.

81-84 Registered Agent's Name and Address, if appropriate.

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	[ ] DELETE
NAME	<b>PULLEN, TIMOTHY L</b>	
STREET ADDRESS	<b>14001 DALLAS PARKWAY</b>	
CITY-ST-ZIP	<b>DALLAS TX 75240</b>	
TITLE	<b>VPS</b>	[ ] DELETE
NAME	<b>SILVER, RICHARD B</b>	
STREET ADDRESS	<b>3280 STATE STREET</b>	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	
TITLE	<b>D</b>	[X] DELETE
NAME	<b>BROWN, SCOTT M</b>	
STREET ADDRESS	<b>3820 STATE STREET</b>	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	
TITLE	<b>AS</b>	[X] DELETE
NAME	<b>LUNDGREN, ALAN</b>	
STREET ADDRESS	<b>3820 STATE STREET</b>	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	
TITLE	<b>VPT</b>	[ ] DELETE
NAME	<b>MCMULLEN, TERENCE P</b>	
STREET ADDRESS	<b>3820 STATE STREET</b>	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	[ ] Change [ ] Add
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[X] Change [ ] Add
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Add
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [X] Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Add
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DVS

7000002848627--5  
-04/23/99--01011--013  
\*\*\*\*150.00 \*\*\*\*150.00

AS

**Caitlin M. Larsen  
3820 State Street  
Santa Barbara, CA 93105**

*Handwritten initials and date: JB 4-10-99*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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, with all other like empowered.

**SIGNATURE:** *Richard B. Silver* **Richard B. Silver, Secretary** **4/10/99** **805/563-7075**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0550081

CR2E034 (1/1/98)