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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 # **J32584** (1)

1. Corporation Name
THE RESIDENTIAL TREATMENT CENTER OF THE PALM BEACHES, INC.

Principal Place of Business Mailing Address
1720 FOURTH AVE., NORTH LAKE WORTH FL 33460 **2700 COLORADO AVE. SANTA MONICA CA 90404**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/10/1986** 3a. Date of Last Report **04/14/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		94-3018124		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		30	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of Now 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			

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 resigning)

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	000001469220
TITLE	EVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICO, VINCENT J	2.2 NAME	***200.00 ***200.00
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	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SCOTT M	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	AT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSONS, MARIS	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	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, RICHARD B	6.2 NAME	AP 4/27
STREET ADDRESS	2700 COLORADO AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA CA 90404	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)(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 107, 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 OFFICER OR DIRECTOR (Date) (System Name #)
Scott M. Brown, Secretary and Director