

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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: **3820 STATE STREET SANTA BARBARA CA 93105**  
Mailing Address: **C/O MARY H. YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105**

**FILED**  
98 MAR -4 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/10/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		94-3018124	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				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 607.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	<b>P</b> PULLEN, TIMOTHY L 14001 DALLAS PARKWAY DALLAS TX 75240	<input type="checkbox"/> DELETE	
	<b>VT</b> MCMULLEN, TERENCE P 3820 STATE STREET SANTA BARBARA CA 93105	<input type="checkbox"/> DELETE	
	<b>AS</b> LUNDGREN, ALAN 3820 STATE STREET SANTA BARBARA CA 93105	<input type="checkbox"/> DELETE	
	<b>D</b> BROWN, SCOTT M 3820 STATE STREET SANTA BARBARA CA 93105	<input type="checkbox"/> DELETE	
	<b>SVAS</b> ANDERSONS, MARIS 2700 COLORADO AVE SANTA MONICA CA 90404	<input checked="" type="checkbox"/> DELETE	
	<b>VP</b> SILVER, RICHARD B 3820 STATE STREET SANTA BARBARA CA 93105	<input type="checkbox"/> DELETE	
			<b>S</b>

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-09/05/98--01114--011  
\*\*\*150.00 \*\*\*150.00

*Handwritten signature/initials*

14. I 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 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: *Richard B. Silver* 2/26/98 805/563-7075

CR2E034 (10/97)