

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

APPROVED
 09/10/1986 PM 1:00
 09/10/1986



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **09/10/1986**
- 4. FEI Number: **94-3018124** Applied For Not Applicable
- 5. Certificate of Status Desired: **\$8.75** Additional Fee Required
- 6. Election Campaign Financing Trust Fund Contributions: **\$5.00** May Be Added to Fees
- 8. This corporation owes the current year filing fee Personal Property Tax: Yes No
- 10. Name and Address of New Registered Agent

DOCUMENT # J32584

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**

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

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 Number is Not Acceptable)	83.	84. City	85. Zip Code
				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. The 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 of applicant

(NOTE: Registered Agent signature is not required)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	PULLEN, TIMOTHY L	
STREET ADDRESS	14001 DALLAS PARKWAY	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MCMULLEN, TERENCE P	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	LUNDGREN, ALAN	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	SILVER, RICHARD B	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY-ST-ZIP		
21. TITLE		
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
31. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	AS Caitlin M. Larsen	
33. STREET ADDRESS	3820 State Street	
34. CITY-ST-ZIP	Santa Barbara, CA 93105	
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	DVS	
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

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 ****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(4)(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 4/12/99 805/563-7075**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0555082

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