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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04792 (0)
1. Corporation Name
HANLEY - HAZELDEN CENTER AT ST. MARY'S, INC.



Principal Place of Business 5200 EAST AVENUE W PALM BCH.F L. 33407	Mailing Address 5200 EAST AVENUE W PALM BCH.F L. 33407-2352
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3. Date Incorporated or Qualified 08/20/1984	3a. Date of Last Report 01/31/1996
4. FEI Number 59-2500657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**PLANT, TIMOTHY D.
5200 EAST AVENUE
W PALM BCH.,F L. FL 33407**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	CHESTER, DON	
STREET ADDRESS	901 45TH ST.	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ROSSIN, THOMAS	
STREET ADDRESS	505 SOUTH FLAGLER DRIVE, SUITE #1001	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEWIS, LEANN	
STREET ADDRESS	15245 PLEASANT VALLEY ROAD	
CITY-ST-ZIP	CENTER CITY MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PLANT, TIMOTHY D	
STREET ADDRESS	5200 EAST AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SPICER, JERRY	
STREET ADDRESS	15245 PLEASANT VALLEY RD	
CITY-ST-ZIP	CENTER CITY MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SINGLETON, JEREMIAH A	
STREET ADDRESS	5200 EAST AVENUE	
CITY-ST-ZIP	W. PALM BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P PLANT, TIMOTHY D
4.3 STREET ADDRESS	5200 EAST AVENUE
4.4 CITY-ST-ZIP	WEST PALM BEACH, FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V MICHAEL SCHIKS
5.3 STREET ADDRESS	15245 PLEASANT VALLEY RD
5.4 CITY-ST-ZIP	CENTER CITY, MN
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeremiah A. Singleton, Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)