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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90003 006 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N04792**

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



2. Principal Place of Business 21 <i>Same as Above</i>	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/20/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2500657
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Country 29	Country 30	Trust Fund Contribution

9. Name and Address of Current Registered Agent

**SINGLETON, JEREMIAH A**  
**5200 EAST AVENUE**  
**W PALM BCH., F L FL 33407**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESTER, DON	1.2 NAME	
STREET ADDRESS	901 45TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHMAN, TERRY	2.2 NAME	
STREET ADDRESS	5200 EAST AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, LEANN	3.2 NAME	
STREET ADDRESS	15245 PLEASANT VALLEY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CENTER CITY MN	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAUDILL, RICHARD	4.2 NAME	
STREET ADDRESS	702 ADMIRALTY CENTER 44000 PGA BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIKS, MICHAEL	5.2 NAME	
STREET ADDRESS	15245 PLEASANT VALLEY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CENTER CITY MN 55045	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGLETON, JEREMIAH A	6.2 NAME	
STREET ADDRESS	5200 EAST AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL 33407	6.4 CITY-ST-ZIP	

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 617, 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: *Jeremiah A. Singleton* SECRETARY RETURNED Dehman Secretary 1-7-99 561-841-1211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)