

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



000037613430

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION
ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
1989 JUL 17 11:00
FLORIDA DEPT. OF STATE
CORPORATION DIVISION

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:
ZIP + 4
NO4792 0
HANLEY - HAZELDEN CENTER AT ST. MARY'S, INC.
5200 EAST AVENUE
W PALM BCH., F L. 33407-2352

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21
PO Box No 22
City and State 23
Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 08/20/1984
4. Federal Employer Identification Number (FEIN): 59-2500557
5. Date of Last Report: 05/13/1988

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1988

Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1 V/C/D	RIDLER, JOHN B. Sister Patricia Friel	901 45TH STREET	W. PALM BEACH, FL
2x C/D	HANLEY, JOHN W.	713 SW THORNHILL LANE	PALM CITY, FL
3 S/T/D	JAX, EUGENE	15245 PLEASANT VALLEY RD	CENTER CITY, MN
4x P	CONLOW, HAROLD T	15245 PLEASANT VALLEY RD	CENTER CITY, MN
5x V	DENHAM, GORDON	15245 PLEASANT VALLEY RD	CENTER CITY, MN

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent
GRIFFIN, PATRIEK Darlene Cross
5200 EAST AVENUE
W PALM BCH., F L. 33407

8. Name and Address of New Registered Agent
Name 81
Street Address 1 (Do NOT Use PO Box Numbers) 82
Street Address 2 (Do NOT Use PO Box Number) 83
City and State 84 FL. Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Section 607.325 F.S.

SIGNATURE *x Darlene Cross* (Registered Agent Accepting Appointment) DATE *x 7/3/89*

10. If a foreign corporation, date first transacted business in Florida _____

11. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath. (Officer or Director signing must be listed in Block 6.)

Signature *Eugene N. Jax* Date *6/30/89*
Title *Director / Secretary / Treasurer* Telephone Number *612-257-4010*

12. Should you desire a certificate of status check the box.
CERTIFICATE OF STATUS DESIRED

SS-Additional Fee required for a Certificate of Status