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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

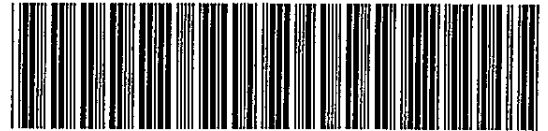
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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 PM 12:03

DOCUMENT # N04792 (0)
1. Corporation Name
HANLEY - HAZELDEN CENTER AT ST. MARY'S, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
**5200 EAST AVENUE
W PALM BCH, F L 33407** **5200 EAST AVENUE
W PALM BCH, F L 33407**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created **08/20/1984** 3a. Date of Last Report **03/22/1994**
4. FEI Number **59-2500657** Annual Fee Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangibles tax under the 1990 Act. Yes No
Florida Statutes Yes No

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

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 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and date of election DATE Registered Agent signature required when registered

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (SEE NOTE) | |
|--|---------------------------------------|---|---|
| TITLE VCD | NAME MILLER, WENTZ | 11 TITLE VCD | 12 NAME Don Chaster |
| STREET ADDRESS 901 45TH STREET | CITY - ST - ZIP W. PALM BEACH FL | 13 STREET ADDRESS 901 45th St. | 14 CITY - ST - ZIP West Palm Beach, FL 33407 |
| TITLE CD | NAME ROSSIN, THOMAS | 21 TITLE | 22 NAME |
| STREET ADDRESS 505 SOUTH FLAGLER DRIVE, SUITE #1001 | CITY - ST - ZIP WEST PALM BEACH FL | 23 STREET ADDRESS | 24 CITY - ST - ZIP |
| TITLE T | NAME LEWIS, LEANN | 31 TITLE | 32 NAME |
| STREET ADDRESS 15245 PLEASANT VALLEY ROAD | CITY - ST - ZIP CENTER CITY MN | 33 STREET ADDRESS | 34 CITY - ST - ZIP |
| TITLE V | NAME PLANT, TIMOTHY D | 41 TITLE | 42 NAME |
| STREET ADDRESS 5200 EAST AVENUE | CITY - ST - ZIP WEST PALM BEACH FL | 43 STREET ADDRESS | 44 CITY - ST - ZIP |
| TITLE PD | NAME SPICER, JERRY | 51 TITLE | 52 NAME |
| STREET ADDRESS 15245 PLEASANT VALLEY RD | CITY - ST - ZIP CENTER CITY MN | 53 STREET ADDRESS | 54 CITY - ST - ZIP |
| TITLE S | NAME MCELRATH, DAMIAN | 61 TITLE | 62 NAME |
| STREET ADDRESS 15245 PLEASANT VALLEY RD | CITY - ST - ZIP CENTER CITY MN | 63 STREET ADDRESS | 64 CITY - ST - ZIP |
| | | 65 TITLE | 66 NAME |
| | | 67 STREET ADDRESS | 68 CITY - ST - ZIP |
| | | 69 TITLE | 70 NAME |
| | | 71 STREET ADDRESS | 72 CITY - ST - ZIP |
| | | 73 TITLE | 74 NAME |
| | | 75 STREET ADDRESS | 76 CITY - ST - ZIP |
| | | 77 TITLE | 78 NAME |
| | | 79 STREET ADDRESS | 80 CITY - ST - ZIP |
| | | 81 TITLE | 82 NAME |
| | | 83 STREET ADDRESS | 84 CITY - ST - ZIP |
| | | 85 TITLE | 86 NAME |
| | | 87 STREET ADDRESS | 88 CITY - ST - ZIP |
| | | 89 TITLE | 90 NAME |
| | | 91 STREET ADDRESS | 92 CITY - ST - ZIP |
| | | 93 TITLE | 94 NAME |
| | | 95 STREET ADDRESS | 96 CITY - ST - ZIP |
| | | 97 TITLE | 98 NAME |
| | | 99 STREET ADDRESS | 100 CITY - ST - ZIP |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: Timothy D. Plant **Timothy D. Plant, Vice President** (407) 648-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone