

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

DOCUMENT # P96000063109

1. Corporation Name
AUDLT BEHAVIORAL CARE, INC.

Principal Place of Business	Mailing Address
747 PONCE DE LEON BLVD STE 504 CORAL GABLES FL 33134 US	747 PONCE DE LEON BLVD STE 504 CORAL GABLES FL 33134 US

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

9. Name and Address of Current Registered Agent

SOSA, EVELIO H
9501 FONTAINEBLEAU BLVD., #407
MIAMI FL 33172

81. Name **MARIO AGUADO**
 82. Street Address (P.O. Box Numbers are Not Acceptable) **747 PONCE DE LEON BLVD #504**
 83. **CORAL GABLES, FL 33134**
 84. City **CORAL GABLES** FL 85. Zip Code **33134**

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]*
 Signature, typed or printed name of registered office and the applicable

[Signature] 3/24/99
 Date

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input checked="" type="checkbox"/> DELETE
NAME	SOSA, EVELIO H	
STREET ADDRESS	9501 FONTAINEBLEAU BLVD., APT. 407	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MARIO AGUADO	
13 STREET ADDRESS	747 PONCE DE LEON BLVD #504	
14 CITY-ST-ZIP	CORAL GABLES FL 33134	
15 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME		
17 STREET ADDRESS		
18 CITY-ST-ZIP		
19 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME		
21 STREET ADDRESS		
22 CITY-ST-ZIP		
23 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME		
25 STREET ADDRESS		
26 CITY-ST-ZIP		
27 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME		
29 STREET ADDRESS		
30 CITY-ST-ZIP		

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 ****150.00 ****150.00
 Change Addition

[Signature]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: **MARIO AGUADO** PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] (305)441-0405

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 CR2E034 (11/98)

RECEIVED

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STATE OF FLORIDA
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/29/1996**
 4. FEI Number **65-0689110** Applied For 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
 8. This corporation owes the current year Intangible Personal Property Tax Yes No
 10. Name and Address of New Registered Agent