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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F88662

(4)

1. Corporation Name

ATLANTIC TREATMENT CENTER, INC.

Principal Place of Business

639 LOYOLA AVE
S1700
NEW ORLEANS LA 70113
US

Mailing Address

639 LOYOLA AVE-
1700
NEW ORLEANS LA 70113-3182
US

2. Principal Place of Business

21 ONE ALHAMBRA PLAZA
Suite, Apt. #, etc.

22 SUITE 750

City & State

23 CORAL GABLES, FLORIDA

Zip

24 33134

Country

25 US

2a. Mailing Address

26 ONE ALHAMBRA PLAZA
Suite, Apt. #, etc.

27 SUITE 750

City & State

28 CORAL GABLES, FLORIDA

Zip

29 33134

Country

30 US

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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

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 PD

NAME JENNINGS, REYNOLD
STREET ADDRESS 639 LOYOLA AVE, STE 1700
CITY-ST-ZIP NEW ORLEANS LA

☒ DELETE

TITLE VSD

NAME QUINN, JOHN A
STREET ADDRESS 639 LOYOLA AVE, STE 1700
CITY-ST-ZIP NEW ORLEANS FL

☐ DELETE

TITLE T

NAME SIMS, DANIEL
STREET ADDRESS 639 LOYOLA AVE, STE 1700
CITY-ST-ZIP NEW ORLEANS LA

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* *[Signature]* *[Signature]* *[Signature]*



CR2E034 (9/96)