## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

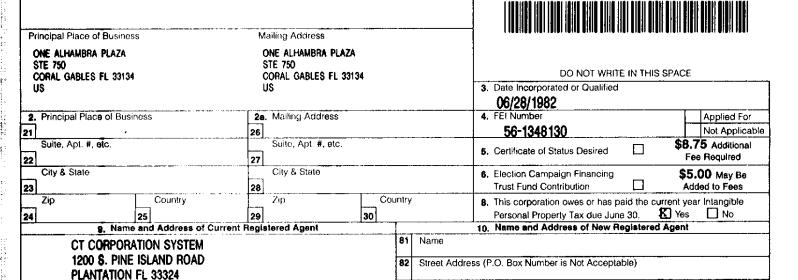
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F88662

(4)

ATLANTIC TREATMENT CENTER, INC.

FILED
May 18 1998 8:00am
Secretary of State



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.

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SIGNATURE Signature typical or printed marke 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	V\$D	DELETE	1.1 TITLE	D (Ex Officio)	Change	Addition
NAME	QUINN, JOHN A		1.2 NAME	Quinn, John A.		
STREET ADDRESS	ONE ALHAMBRA PLAZA STE 750		13 STREET ADDRESS			:
CITY-ST-ZIP	CORAL GABLES FL		1.4 C(TY - ST - Z)P			
TITLE		DELFTE	2.1 TITLE	VP/S/T	Change	Addition
NAME	<b>S</b> IMS, DANIEL		2 2 NAME	Sims, Daniel		
STREET ADDRESS	ONE ALHAMBRA PLAZA STE 750		2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		2 4 CITY-ST-ZIP			
TITLE		DELETE	31 THLE	P/D	Change	X Addition
NAME			3 2 NAME	Cibran, Bert G.		
STREET ADDRESS			3 3 STREET ADDRESS	One Alhambra Plaza,		50
CITY-ST-ZIP			3.4. CITY - ST - ZIP	Coral Gables, FL	33134	
TITLE		DELETE	41 TITLE	VP/D	Change	X Addition
NAME			4 2 NAME	Lang, Carol C.		
STREET ADDRESS			4 3 STREET ADDRESS	One Alhambra Plaza	, Suite 7	50
CITY-ST-ZIP			4.4 City-St-ZIP	Coral Gables, FL	33134	
TITLE		DELETE	51 THLE		Change	Addition Addition
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			····
TITLE		DELFTE	6 1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			

14. Thereby 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 of 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 on an attachment with an address.

CR2E034 (10/97)

Zip Code