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Jan 24 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 # F94000006215 (7)
1. Corporation Name
SCHIZOPHRENIA TREATMENT AND REHABILITATION, INC.



Principal Place of Business
PO BOX 209
MACON GA 31298

Mailing Address
PO BOX 209
MACON GA 31202-0209

3. Date Incorporated or Qualified
12/06/1994
3a. Date of Last Report
02/02/1996

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

4. FEI Number
58-1672912
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 has liability for intangible tax under s. 199.032,
Florida Statutes
Yes No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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
officer 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
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP	11 TITLE	
NAME	LITRELL, KIMBERLY H	12 NAME	P Jewel Norman
STREET ADDRESS	209 CHURCH STREET	13 STREET ADDRESS	208 Church Street
CITY-ST-ZIP	DECATUR GA 30030	14 CITY-ST-ZIP	Decatur, GA 30030
TITLE	VP	21 TITLE	
NAME	SOUTHERN, JOHN	22 NAME	D Margie Smith
STREET ADDRESS	3414 PEACHTREE ROAD NE, SUITE 1400	23 STREET ADDRESS	577 Mulberry Street
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP	Macon, GA
TITLE	V	31 TITLE	V
NAME	MCCAULEY, JOHN C	32 NAME	Everett, Kim
STREET ADDRESS	577 MULBERRY STREET	33 STREET ADDRESS	3414 Peachtree Rd., NE Suite 1400
CITY-ST-ZIP	MACON GA 31298	34 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	SO	41 TITLE	
NAME	FILUSH, JAMES M	42 NAME	
STREET ADDRESS	577 MULBERRY STREET	43 STREET ADDRESS	
CITY-ST-ZIP	MACON GA 31298	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	
NAME	SANFORD, CHARLOTTE A	52 NAME	
STREET ADDRESS	3414 PEACHTREE RD NE SUITE 1400	53 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30326	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:

JAMES M. FILUSH
Secretary

1-9-97 (912) 742-1161

CR2E034 (9/96)