

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000000587 (4)**

1. Corporation Name

AMERICAN DAY TREATMENT CENTERS, INC. OF BROWARD COUNTY



Principal Place of Business

Mailing Address

**2661 RIVA ROAD
SUITE 1020
ANNAPOLIS MD 21401**

**2661 RIVA ROAD
SUITE 1020
ANNAPOLIS MD 21401-6416**

3. Date Incorporated or Qualified

02/03/1995

3a. Date of Last Report

02/27/1996

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

4. FEI Number

52-1905776

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

Sign or type, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, ANDREW E	
STREET ADDRESS	2661 RIVA ROAD, SUITE 1020	
CITY - ST - ZIP	ANNAPOLIS MD	
TITLE	VSVC	<input type="checkbox"/> DELETE
NAME	JOHNSON, MARK O	
STREET ADDRESS	2661 RIVA ROAD, SUITE 1020	
CITY - ST - ZIP	ANNAPOLIS MD 21401	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, ANDREW E	
STREET ADDRESS	2661 RIVA ROAD, SUITE 1020	
CITY - ST - ZIP	ANNAPOLIS MD	
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

1.1 TITLE	VTAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NOREEN A. MCGINN	
1.3 STREET ADDRESS	2661 RIVA ROAD, SUITE 1020	
1.4 CITY - ST - ZIP	ANNAPOLIS, MD 21401	
2.1 TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARK O. JOHNSON	
2.3 STREET ADDRESS	2661 RIVA ROAD, SUITE 1020	
2.4 CITY - ST - ZIP	ANNAPOLIS, MD 21401	
3.1 TITLE	VLS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARTIN M. SLUTSKY	
3.3 STREET ADDRESS	2661 RIVA ROAD, SUITE 1020	
3.4 CITY - ST - ZIP	ANNAPOLIS, MD 21401	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mark O. Johnson
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97

410-224-2392

Date

Daytime Phone #

CR2E034 (9/96)