FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # F95000003829 (7)

1. Corporation Name

NEW LIFE TREATMENT CENTERS, INC.

Principal Place of Business	Mailing Address
570 GLENNEYRE AVENUE, SUITE 107 LAGUNA BEACH CA 92651	570 GLENNEYRE AVENUE, SUITE 107 LAGUNA BEACH CA 92651

3. Date Incorporated or Qualified: 08/08/1995
3a. Date of Last Report:

4. FEI Number: 33-0320774 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2100 N. Collins Blvd.	26 P.O. Box 850778
Suite, Apt. #, etc: 22 Suite 300	Suite, Apt. #, etc: 27
City & State: 23 Richardson, TX	City & State: 28 Richardson, TX
Zip: 24 75080 — Country: 25	Zip: 29 75085-0778 — Country: 30

9. Name and Address of Current Registered Agent

CT 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: ________ DATE ________

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEOP	☐ DELETE
NAME	ARTERBURN, STEPHEN	
STREET ADDRESS	570 GLENNEYRE SUITE 107	
CITY-ST-ZIP	LAGUNA BEACH CA 92651	
TITLE	CFOS	☐ DELETE
NAME	WILSON, BURT T	
STREET ADDRESS	25891 GREENBANK	
CITY-ST-ZIP	LAKE FOREST CA 92630	
TITLE	D	☐ DELETE
NAME	RAGSDALE, RICHARD E	
STREET ADDRESS	155 FRANKLIN ROAD SUITE 400	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	D	☒ DELETE
NAME	STEFFY, DAVID L	
STREET ADDRESS	54-490 RIVIERA	
CITY-ST-ZIP	LA QUINTA CA 92253	
TITLE	D	☐ DELETE
NAME	O'LEARY, DENISE	
STREET ADDRESS	3000 SAND HILL ROAD BLDG 4, SUITE 100	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	D	☐ DELETE
NAME	ORTALE, PATRICK	
STREET ADDRESS	3100 WEST END AVENUE SUITE 400	
CITY-ST-ZIP	NASHVILLE TN 37203-1304	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Burt T. Wilson — 6/5/96 — (714) 494-8383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)