

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

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Mar 12 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **F95000003829 (7)**

1. Corporation Name
NEW LIFE TREATMENT CENTERS, INC.

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| Principal Place of Business 2100 N. COLLINS BLVD. SUITE 300 RICHARDSON TX 75080 US | Mailing Address PO BOX 850778 RICHARDSON TX 75085-0778 US |
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|---|--|---|--|--|---|
| 2. Principal Place of Business 21 820 W Spring Creek Parkway State, Apt. #, etc. 22 Ste 400 City & State 23 Plano TX Zip 24 75023 | | 2a. Mailing Address Suite, Apt. #, etc. 27 City & State 28 Zip 29 USA | | 3. Date Incorporated or Qualified 08/08/1995 | 3a. Date of Last Report 07/02/1996 |
| 4. FEI Number 33-0320774 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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|--|--|--|--|---|--|
| 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 | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | | | | | |
|-----------------------------------|--|----------------|---------------|--|----------|--------------------|---------------------|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | NAME | STREET ADDRESS | CITY, ST, ZIP | 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP |
| | CEOP Chairman | | | | | | |
| | ARTERBURN, STEPHEN | | | | | | |
| | 570 GLENNEIRE SUITE 107 | | | | | | |
| | LAGUNA BEACH CA 92651 | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY, ST, ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP |
| | OFOS P | | | | | | |
| | WILSON, BURT T | | | | | | |
| | 25891 GREENBANK | | | | | | |
| | LAKE FOREST CA 92630 | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY, ST, ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP |
| | D | | | | | | |
| | RAGSDALE, RICHARD E | | | | | | |
| | 155 FRANKLIN ROAD SUITE 400 | | | | | | |
| | BRENTWOOD TN 37027 | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY, ST, ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP |
| | D | | | | | | |
| | O'LEARY, DENISE | | | | | | |
| | 3000 SAND HILL ROAD BLDG 4, SUITE 100 | | | | | | |
| | MENLO PARK CA 94025 | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY, ST, ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP |
| | D | | | | | | |
| | ORTALE, PATRICK | | | | | | |
| | 3100 WEST END AVENUE SUITE 400 | | | | | | |
| | NASHVILLE TN 37203-1304 | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY, ST, ZIP | 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP |
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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 included 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:  VP-CFO 2/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)