

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

FILED

Mar 12 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 # **F95000003829 (7)**  
1. Corporation Name  
**NEW LIFE TREATMENT CENTERS, INC.**



Principal Place of Business: **2100 N. COLLINS BLVD. SUITE 300 RICHARDSON TX 75080 US**  
Mailing Address: **PO BOX 850778 RICHARDSON TX 75085-0778 US**

3. Date Incorporated or Qualified: **08/08/1995**  
3a. Date of Last Report: **07/02/1996**  
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: **820 W Spring Creek Parkway Ste 400 Plano TX 75023 USA**  
2a. Mailing Address: **PO BOX 850778 RICHARDSON TX 75085-0778 US**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>CEOP Chairman</b> <input type="checkbox"/> DELETE
NAME	<b>ARTERBURN, STEPHEN</b>
STREET ADDRESS	<b>570 GLENNEYRE SUITE 107</b>
CITY, ST, ZIP	<b>LAGUNA BEACH CA 92651</b>
TITLE	<b>CFOS P</b> <input type="checkbox"/> DELETE
NAME	<b>WILSON, BURT T</b>
STREET ADDRESS	<b>25891 GREENBANK</b>
CITY, ST, ZIP	<b>LAKE FOREST CA 92630</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RAGSDALE, RICHARD E</b>
STREET ADDRESS	<b>155 FRANKLIN ROAD SUITE 400</b>
CITY, ST, ZIP	<b>BRENTWOOD TN 37027</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>O'LEARY, DENISE</b>
STREET ADDRESS	<b>3000 SAND HILL ROAD BLDG 4, SUITE 100</b>
CITY, ST, ZIP	<b>MENLO PARK CA 94025</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ORTALE, PATRICK</b>
STREET ADDRESS	<b>3100 WEST END AVENUE SUITE 400</b>
CITY, ST, ZIP	<b>NASHVILLE TN 37203-1304</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Chairman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<b>Sec + VP - CFO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>William Dembarackin</b>
6.3 STREET ADDRESS	<b>820 W Spring Creek Parkway Ste 400</b>
6.4 CITY-ST-ZIP	<b>Plano, TX 75023</b>

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: *William Dembarackin* **VP-CFO** **2/24/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)