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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F96000003945 (0)**

1. Corporation Name
HEALING VISIONS INSTITUTE FOR ADDICTION RECOVERY , LIMITED, INC.

Principal Place of Business	Mailing Address
% GELLER, GELLER & GARFINKEL 1815 GRIFFIN RD, SUITE 403 DANIA FL 33004	% GELLER, GELLER & GARFINKEL 1815 GRIFFIN RD, SUITE 403 DANIA FL 33004

3. Date Incorporated or Qualified: 08/02/1996
3a. Date of Last Report: 8-2-96

2. Principal Place of Business
21: 2411 Hollywood Boulevard
22: Suite, Apt. #, etc.:
23: City & State: Hollywood, Florida
24: Zip: 33020
25: Country: Broward

2a. Mailing Address
26: 2411 Hollywood Boulevard
27: Suite, Apt. #, etc.:
28: City & State: Hollywood, Florida
29: Zip: 33020
30: Country: Broward

4. FEI Number: 98-0174993 ☐ 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

GELLER, JOSEPH S
% GELLER, GELLER & GARFINKEL
1815 GRIFFIN RD, SUITE 403
DANIA FL 33004

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 2411 Hollywood Boulevard
83:
84 City: Hollywood **FL** 85 Zip Code: 33020

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: /s/ to change address — Joseph S. Geller — JOSEPH S. GELLER — 9/15/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT Director ☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	MASH, DEBORAH C	1.2 NAME	KUEHNE, BENEDICT P.
STREET ADDRESS	~~1815 GRIFFIN RD #403~~ 2411 Hollywood Blvd.	1.3 STREET ADDRESS	100 S.E. 2nd Street, #3550
CITY-ST-ZIP	~~DANIA FL 33004~~ Hollywood, FL 33020	1.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	VSD ☐ DELETE	2.1 TITLE	VSTD ☒ Change ☐ Addition
NAME	GELLER, JOSEPH S	2.2 NAME	GELLER, JOSEPH S.
STREET ADDRESS	1815 GRIFFIN RD #403	2.3 STREET ADDRESS	2411 Hollywood Boulevard
CITY-ST-ZIP	DANIA FL 33004	2.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

/s/ 9/18/97

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***550.00

CR2E034 (9/96)

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: Joseph S. Geller — 9/15/97 — 305 449-6600