

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003945 (0)

1. Corporation Name

HEALING VISIONS INSTITUTE FOR ADDICTION RECOVERY
, LIMITED, INC.

Principal Place of Business

2411 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020

Mailing Address

2411 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

GELLER, JOSEPH S
2411 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPTD	<input type="checkbox"/> DELETE
NAME	MASH, DEBORAH C	
STREET ADDRESS	2411 HOLLYWOOD BOULEVARD	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	GELLER, JOSEPH S	
STREET ADDRESS	2411 HOLLYWOOD BOULEVARD	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KUEHNE, BENEDICT P	
STREET ADDRESS	100 S.E. 2ND STREET #3550	
CITY-ST-ZIP	MIAMI FL 33131	

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MASH, DEBORAH C.	
1.3 STREET ADDRESS	2411 Hollywood Boulevard	
1.4 CITY-ST-ZIP	Hollywood, FL 33020	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GELLER, JOSEPH S.	
2.3 STREET ADDRESS	2411 Hollywood Boulevard	
2.4 CITY-ST-ZIP	Hollywood, FL 33020	

3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TYLER, MICHAEL	
3.3 STREET ADDRESS	1030 Alhambra Circle	
3.4 CITY-ST-ZIP	Coral Gables, FL 33134	

4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TOBAL, JANE	
4.3 STREET ADDRESS	6022 N.W. 32 Court	
4.4 CITY-ST-ZIP	Boca Raton, FL 33496	

5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KUEHNE, BENEDICT P	
5.3 STREET ADDRESS	100 S.E. 2nd Street #3550	
5.4 CITY-ST-ZIP	Miami, FL 33131	

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 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

4/28/98 (954)920-2300

CR2E034 (10/97)