

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 19 1996 8:00 am
Secretary of State

DOCUMENT # **H64609 (1)**
1. Corporation Name
MANATEE PALMS RESIDENTIAL TREATMENT CENTER, INC.



Principal Place of Business: **1324 37TH EAST BRADENTON FL 34208**
Mailing Address: **3060 WILLIAMS DR. FAIRFAX VA 22031**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.		26. 2700 Colorado Avenue		07/01/1985	04/27/1995
22. City & State		27. State, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
23. Zip		28. Santa Monica, CA		52-1409474	
24. Country		29. 90404		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country		30. U.S.A.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26. Country		31. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Not Permitted) **5200 N. 11TH AVE
-0220706-01011-009
***200.00**
83. City
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0703 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 607.0705, Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP & Asst. Secty. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOCHT, MICHAEL H SR	1.2 NAME	Christi R. Sulzbach
STREET ADDRESS	2700 COLORADO AVE	1.3 STREET ADDRESS	2700 Colorado Avenue
CITY-STATE-ZIP	SANTA MONICA CA 90404	1.4 CITY-STATE-ZIP	Santa Monica, CA 90404
FILE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP & Asst. Secty. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSONS, MARIS	2.2 NAME	David W. Layne
STREET ADDRESS	2700 COLORADO AVE	2.3 STREET ADDRESS	2700 Colorado Avenue
CITY-STATE-ZIP	SANTA MONICA CA 90404	2.4 CITY-STATE-ZIP	Santa Monica, CA 90404
FILE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Asst. Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIASSEN, RAYMOND L	3.2 NAME	Lawrence G. Hixon
STREET ADDRESS	2700 COLORADO AVE	3.3 STREET ADDRESS	2700 Colorado Avenue
CITY-STATE-ZIP	SANTA MONICA CA 90404	3.4 CITY-STATE-ZIP	Santa Monica, CA 90404
FILE	<input type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLEN, TERENCE P	4.2 NAME	Terence P. McMullen
STREET ADDRESS	2700 COLORADO AVE	4.3 STREET ADDRESS	2700 Colorado Avenue
CITY-STATE-ZIP	SANTA MONICA CA 90404	4.4 CITY-STATE-ZIP	Santa Monica, CA 90404
FILE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, RICHARD B	5.2 NAME	
STREET ADDRESS	2700 COLORADO AVE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	SANTA MONICA CA 90404	5.4 CITY-STATE-ZIP	
FILE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, SCOTT M	6.2 NAME	President Scott M. Brown
STREET ADDRESS	2700 COLORADO AVE.	6.3 STREET ADDRESS	2700 Colorado Avenue
CITY-STATE-ZIP	SANTA MONICA CA 90404	6.4 CITY-STATE-ZIP	Santa Monica, CA 90404

14. I 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 significant annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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: Scott M. Brown **Scott M. Brown** Date: **2/13/96** (310) 998-8427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

Handwritten signature/initials