

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

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1997 APR 29 PM 4: 43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** H64609

1. Corporation Name  
**MANATEE PALMS RESIDENTIAL TREATMENT CENTER, INC.**

Principal Place of Business <b>3820 State Street Santa Barbara, CA 93105</b>	Mailing Address <b>c/o Mary Yumibe 3820 State Street Santa Barbara, CA 93105</b>
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2. Principal Place of Business 21. State, Apt. #, etc. 22. City & State 23. Zip	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip	29. Country	30. Country
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3. Date Incorporated or Qualified <b>7/3/85</b>	3a. Date of Last Report <b>1996</b>
4. FEI Number <b>52-1409474</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T 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 Number is Not Acceptable)
83.
84. City
85. Zip Code

**FL**

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, 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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Timothy L. Pullen</b>	1.2 NAME	
STREET ADDRESS	<b>14001 Dallas Parkway</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Dallas, TX 75240</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V/S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Richard B. Silver</b>	2.2 NAME	<b>800002158849</b>
STREET ADDRESS	<b>3820 State Street</b>	2.3 STREET ADDRESS	<b>-04/29/97--01089--018</b>
CITY-ST-ZIP	<b>Santa Barbara, CA 93105</b>	2.4 CITY-ST-ZIP	<b>***165.00 ***165.00</b>
TITLE	<b>V/T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Terence P. McMullen</b>	3.2 NAME	
STREET ADDRESS	<b>3820 State Street</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Santa Barbara, CA 93105</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Alan Lundgren</b>	4.2 NAME	
STREET ADDRESS	<b>3820 State Street</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Santa Barbara, CA 93105</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Scott M. Brown</b>	5.2 NAME	
STREET ADDRESS	<b>3820 State Street</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Santa Barbara, CA 93105</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:** Alan Lundgren **Alan Lundgren, Asst. Sec'y** **4/25/97** **805/563-7075**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)