

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

07/01/1999 10:56

DOCUMENT # H64609

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

Principal Place of Business Mailing Address
% MARY YUMIBE **% MARY YUMIBE**
3820 STATE STREET **3820 STATE STREET**
SANTA BARBARA CA 93105 **SANTA BARBARA CA 93105**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1985
 4. FEI Number **52-1409474** 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 the current year Intangible Personal Property Tax Yes No
 10. Name and Address of New Registered Agent

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
 22 City & State 27 City & State
 23 Zip 28 Zip Country 29 Country
 24 25 29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 City
 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. Thereby 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 the filer (if applicable)

DATE Date of Agent signature (two lines)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	[] DELETE
NAME	PULLEN, TIMOTHY L	
STREET ADDRESS	14001 DALLAS PARKWAY	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	VS	[] DELETE
NAME	SILVER, RICHARD B	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	VT	[] DELETE
NAME	MCMULLEN, TERENCE P	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	AS	[X] DELETE
NAME	LUNDGREN, ALAN	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	D	[X] DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[X] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [X] Addition
42 NAME	AS
43 STREET ADDRESS	Caitlin M. Larsen
44 CITY-ST-ZIP	3820 State Street
51 TITLE	[] Change [] Addition
52 NAME	Santa Barbara, CA 93105
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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4/19/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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, with all other like empowered

SIGNATURE: *Richard B. Silver* **Richard B. Silver, Secretary** 4/8/99 805-563-7075

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