


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H64609 1. Entity Name MANATEE PALMS RESIDENTIAL TREATMENT CENTER, INC.	
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[Handwritten Signature]

FILED
04 MAR -3 PM 4: 36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business % MARY YUMBE Sherrie Smith 3820 STATE STREET SANTA BARBARA, CA 93105	Mailing Address % MARY YUMBE Sherrie Smith 3820 STATE STREET SANTA BARBARA, CA 93105
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #. etc.	Suite, Apt. #. etc.
City & State	City & State
Zip	Country

01052004 Chg-P CR2E034 (10/03)

4. FEI Number 52-1409474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULLEN, TIMOTHY L	NAME	000029821480
STREET ADDRESS	13737 NOEL ROAD	STREET ADDRESS	03/03/04--01062--001 **17636.25
CITY-ST-ZIP	DALLAS, TX 75240	CITY-ST-ZIP	
TITLE	DVS <input checked="" type="checkbox"/> Delete	TITLE	Director/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVER, RICHARD B	NAME	Caitlin M. Larsen
STREET ADDRESS	3820 STATE STREET	STREET ADDRESS	3820 State street
CITY-ST-ZIP	SANTA BARBARA, CA 93105	CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENT, DENNIS L	NAME	
STREET ADDRESS	3820 STATE STREET	STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA, CA 93105	CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> Delete	TITLE	Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSEN, CAITLIN M	NAME	Kristina A. Mack
STREET ADDRESS	3820 STATE STREET	STREET ADDRESS	3820 State Street
CITY-ST-ZIP	SANTA BARBARA, CA 93105	CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kristina A. Mack Kristina A. Mack, Asst. Secretary 2/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #