

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

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1997 FEB 10 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **J28236** (4)

1. Corporation Name  
**OUTPATIENT RECOVERY CENTERS, INC.**

Principal Place of Business  
**1500 NORTHWEST 49TH ST.  
FT. LAUDERDALE FL 33309**

Mailing Address  
**2700 COLORADO AVENUE  
SANTA MONICA CA 90404-3521**



3. Date Incorporated or Qualified **08/12/1986** 3a. Date of Last Report **02/19/1996**

4. FEI Number **94-3016191** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 **3820 State Street**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **c/o Mary H. Yumibe**  
Suite, Apt. #, etc.

22 City & State  
**Santa Barbara, CA**

27 City & State  
**Santa Barbara, CA**

23 Zip Country  
**93105 USA**

28 Zip Country  
**93105 USA**

24 **93105** 25 **USA**

29 **93105** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 **600002082406--0**  
**-02/10/97--01027--024**  
84 City **\*\*\*165.00 FL \*\*\*165.00**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	SULZBACH, CHRISTI R	
STREET ADDRESS	2700 COLORADO AVE	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	LAYNE, DAVID W	
STREET ADDRESS	2700 COLORADO AVE	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	2700 COLORADO AVE	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	HIXON, LAWRENCE G	
STREET ADDRESS	2700 COLORADO AVE	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCMULLEN, TERENCE P	
STREET ADDRESS	2700 COLORADO AVE	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Timothy L. Pullen	
1.3 STREET ADDRESS	14001 Dallas Parkway	
1.4 CITY-ST-ZIP	Dallas, TX 75240	
2.1 TITLE	VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard B. Silver	
2.3 STREET ADDRESS	3820 State Street	
2.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	3820 State Street	
3.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Alan Lundgren	
4.3 STREET ADDRESS	3820 State Street	
4.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
5.1 TITLE	VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	3820 State Street	
5.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
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 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 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: Alan Lundgren Alan Lundgren, Asst. Sec'y 1/22/87  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

250  
2/10/97