Entry Name OUTPATIENT RECOVERY CENTERS. INC.	DOCUMENT # J28236						
	. Entity Name				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Integral Flace of Business Multing Address STATE STREET Number Address Principal Flace of Business 1. Multing Address Suite, Act, P., etc. Suite, Act, P., etc. Suite, Act, P., etc. Suite, Act, P., etc. City & State Country S. Mailing Address Country Suite, Act, P., etc. Suite, Act, P., etc. City & State Country S. Mailing Address Country City Country S. Centilization Floating Pace Address Country S. Mailing Address Country </th <th>OUTPATIENT RECOVERY CENTERS</th> <th>, INC.</th> <th></th> <th></th> <th>FILED</th> <th></th> <th></th>	OUTPATIENT RECOVERY CENTERS	, INC.			FILED		
Integral Flace of Business Multing Address STATE STREET Number Address Principal Flace of Business 1. Multing Address Suite, Act, P., etc. Suite, Act, P., etc. Suite, Act, P., etc. Suite, Act, P., etc. City & State Country S. Mailing Address Country Suite, Act, P., etc. Suite, Act, P., etc. City & State Country S. Mailing Address Country City Country S. Centilization Floating Pace Address Country S. Mailing Address Country </td <td></td> <td></td> <td></td> <td></td> <td>01 MAR 27 PH 3.58</td> <td></td> <td></td>					01 MAR 27 PH 3.58		
Principal Place of Busines State, April 4, etc. State, April 4, etc. State, April 4, etc. State, April 4, etc. City & State City & Sta		-	·				
Suite, Apt #. etc. Suite. Act. #. etc. Do NOT WHITE IN THIS SPACE City & State City	NTA BARBARA CA 93105	3820 STATE STREET					
City & State Country S. Continy S	Principal Place of Business	3. Mailing Address					
Zip Country Zip Country Status Desired	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Zip Country Zip Country S. Certificate of Status Desired \$87.75 Adstands 0. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number is Not Accessrable) Street Address (P.O. Box Number is Not Accessrable) City FL Zip Code City FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registared agent: or both, in the State of Florida. City FL Zip Code The above named entity submits the statement of the purpose of changing its registered office or registared agent: or both, in the State of Florida. Code Entity Ent	City & State	City & State		4. 1	FEI Number 94-3016191	· · · · · ·	
C CORPORATION SYSTEM C CORPORATION SY	Zip Country	Zip	Country	5. (8.75 Add	litional
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Name Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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. GMATURE Streat Address (P.O. Box Number is Not Acceptable) ONT ONT Streat Address (P.O. Box Number is Not Acceptable) ONT City FL Zip Code 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. ONT GMATURE Botter MAY 1, 2001 Fee will be \$550.00 10. Exection Campaign Financing \$5.00 May Be Address for Financing City OPFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 City PULLEN, TIMOTHY L Dates The Note Streat Adoress 40000039555500 Streat Adoress 4000039555500 Change City Streat Adoress 4000039555500 Streat Adoress 4000039555500 Change City Streat Adoress 4000039555500 City Streat Adoress 4000039555500 City Streat Adoress -000	6. Name and Address of Curren	It Registered Agent	<u>_</u>		. — F	• .	d
1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Super Address (P.O. Box Number is Not Acceptable) City FL Zip Code Spature loade or dired metrix of registered agent. or both in the State of Flocida. Code GNATURE Spature loade or dired metrix of registered agent. or both in the State of Flocida. Code City FLE NOWIN FEe Ville FEe Ville S50.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Added to Fass Added to Fass Added to Fass DALLAS TX 75240 Corrects NAD DIRECTORS IN 11 City PULLEN, TIMOTHY L Delter Multic Added to Fass Added to Fass State Address Change Added to Fass Added to Fass State Address State Address (V.O.I = Change Null Null Null Null Null Null Null Null		<u> </u>					
City FL Zip Code 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. GNATURE	1200 S. PINE ISLAND ROAD		Street Addr	ress (P.O. E	Box Number is Not Acceptable)	<u> </u>	
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. CMATURE Sequere, typed or orned same of registered agent entities in thangible This corporation is eligible to satisfy its Intangible The corporation is eligible to satisfy its Intangible The corporation is eligible to satisfy its Intangible The corporation is eligible to addition After MAY 1, 2001 Fee will be \$550.00 After ADDESS OFFICERS AND DIFECTORS IN 11 Addition We SURER, ADABES AFT ADDESS AND DIFECTORS IN 11 Addition We SURER ADRESS AND DIFECTORS IN 11 Addition We SURER ADRESS AND DIFECTORS IN 11 Addition We After ADRESS AND DIFECTORS IN 11 Addition We After ADRESS AND DIFERT ADRESS AND DIFECTORS IN 11 Addition We Addition Nome After ADRESS AND DIFECTORS IN 11 Addition Nome After ADRESS AND DIFECTORS IN 11 Addition Nome After ADRESS AND DIFECTORS Addition Nome After ADRESS	PLANTATION FL 33324						
			City		FL	Zip Code	e
Eff P Delete TTLE MAME VEET ADDRESS 1373T NOEL ROAD STREET ADDRESS CTV-ST-2P VS12-PP DVS Delete TTLE Change Addition VFS12-PP DVS Delete TTLE Change Addition VFS12-PP DVS Delete TTLE Change Addition VFS12-PP SANTA BARBARA CA 93105 TTLE Change Addition VFS12-PP SANTA BARBARA CA 93105 CTV-ST-2P *****150.00 ******150.00 ******150.00 ******150.00 ******150.00 ******150.00 *******150.00 *******150.00 ********150.00 ********150.00 ************************************	Tax filing requirement and elects to do so.				10. Election Campaign Einancing	\$5 O	0 May Be
PULLEN, TIMOTHY L Image: Street ADDRESS 13737 NOEL ROAD STREET ADDRESS V=SI-2P DALLAS TX 75240 DVS Delete NAME CTV-ST-2P SILVER, RICHARD B Delete NAME CTV-ST-2P SILVER, RICHARD B Delete NAME CTV-ST-2P SANTA BARBARA CA 93105 CTV-ST-2P Y=ST-2P SANTA BARBARA CA 93105 Y=ST-2P SANTA BARBARA CA 93105 V=ST-2P Change Addition NAME V=ST-2P SANTA BARBARA CA 93105 V=ST-2P Change Addition NAME V=ST-2P Change Addition NAME V=ST-2P Change Addition NAME V=ST-2P Change Addition NAME V=ST-2P	(See Sriteria on Dack)						
LE DVS Delete ITLE Change Addition WE SILVER, RICHARD B STREET ADDRESS CTV-ST-ZP -04/04/0101096009 -04/04/0101096009 Y-ST-ZP SANTA BARBARA CA 93105 CTV-ST-ZP -04/04/0101096009 *****150.00 *****150.00 VEE AS Delete ITTLE NAME Change Addition WE LARSEN, CATILIN M Delete ITTLE NAME Change Addition WE SB20 STATE STREET STREET ADDRESS CTV-ST-ZP Change Addition WE DENT, DENNIS L ITTLE NAME Change Addition WE SATTA BARBARA CA 93105 CTV-ST-ZP ITTLE NAME Change Addition VET-	1. OFFICERS AND	Make Check Paya	ble to Department of 12.	State	Trust Fund Contribution.		to Fees
ME SILVER, RICHARD B 3280 STATE STREET STRET ADDRESS Y-ST-ZP CH-/04/0101096009 KE AS LARSEN, CAITLIN M Delete ME LARSEN, CAITLIN M S820 STATE STREET Delete Y-ST-ZP THLE AS Delete ME LARSEN, CAITLIN M S820 STATE STREET Change SANTA BARBARA CA 93105 CH'-91-20 Y-ST-ZP SANTA BARBARA CA 93105 V-ST-ZP SANTA BARBARA CA 93105 UE DENT, DENNIS L WE Delete ME Delete ME DENT, DENNIS L WE SIRET ADDRESS 3202 STATE STREET SIRET ADDRESS Y-ST-ZP SANTA BARBARA CA 93105 UE Delete TTLE WE Delete TTLE WE Delete TTLE V-ST-ZP Change Addition V-ST-ZP Change Addition WE Delete TTLE V-ST-ZP Change	I. OFFICERS AND TLE P MME PULLEN, TIMOTHY L REET ADDRESS 13737 NOEL ROAD	Make Check Paya	ble to Department of 12. TITLE NAME STREET ADDRESS	State	Trust Fund Contribution.		to Fees
Y-ST-2IP SANTA BARBARA CA 93105 CITY-ST-ZIP #####150_00 #####150_00 #####150_00 LE AS Delete TITLE Change Addition MeE LARSEN, CAITLIN M SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP #####150_00 ####	I. OFFICERS AND TLE P PULLEN, TIMOTHY L 13737 NOEL ROAD TY-ST-ZIP DALLAS TX 75240	Make Check Paya	ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	State	Trust Fund Contribution.	Added	t to Fees
Me LARSEN, CAITLIN M WE LARSEN, CAITLIN M 3820 STATE STREET STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-ZIP LE T Delete Me DENT, DENNIS L 3820 STATE STREET STREET ADDRESS 3820 STATE STREET STREET ADDRESS 3820 STATE STREET STREET ADDRESS Y-ST-ZIP SANTA BARBARA CA 93105 LE TITLE WE STREET ADDRESS Y-ST-ZIP SANTA BARBARA CA 93105 LE Delete TITLE Change Addition WE Beter ADDRESS Y-ST-ZIP Change LE Delete TITLE Change Addition WE STREET ADDRESS Y-ST-ZIP Change LE Delete NAME STREET ADDRESS Y-ST-ZIP LE IDelete NAME STREET ADDRESS Y-ST-ZIP LE LE ME Delete NAME STREET ADDRESS Y-ST-ZIP LE LE ME <td>LE P PULLEN, TIMOTHY L 13737 NOEL ROAD TY-ST-ZIP DALLAS TX 75240 LE DVS ME SILVER, RICHARD B</td> <td>Make Check Paya</td> <td>ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME</td> <td>State</td> <td></td> <td>Added</td> <td>Addition</td>	LE P PULLEN, TIMOTHY L 13737 NOEL ROAD TY-ST-ZIP DALLAS TX 75240 LE DVS ME SILVER, RICHARD B	Make Check Paya	ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	State		Added	Addition
XEET ADDRESS Y-ST-ZIP STREET ADDRESS SANTA BARBARA CA 93105 STREET ADDRESS CITY-ST-ZIP LE T Delete TITLE Change Addition MEET ADDRESS Y-ST-ZIP 3820 STATE STREET STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-ZIP Change Addition MEET ADDRESS Y-ST-ZIP SANTA BARBARA CA 93105 CITY-ST-ZIP CITY-ST-ZIP Change Addition ME Delete TITLE CITY-ST-ZIP CITY-ST-ZIP Change Addition VE Delete TITLE CITY-ST-ZIP Change Addition VE Delete TITLE Change Addition WE Delete TITLE Change Addition V=ST-ZIP Delete TITLE Change Addition WE Delete TITLE Change Addition WE STREET ADDRESS CITY-ST-ZIP Image: Change Addition V=ST-ZIP Delete TITLE Change Addition WE STREET ADDRESS CITY-ST-ZIP Image: Change Addition V=ST-ZIP Delete <	ILE P ME REET ADDRESS IY-ST-ZIP DALLAS TX 75240 DALLAS TX 75240 DVS SILVER, RICHARD B REET ADDRESS 3280 STATE STREET	Make Check Paya	ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	State		Added	Addition
LE T DENT, DENNIS L DANDARY OR SOTOO	COFFICERS AND DEPOILLEN, TIMOTHY L 13737 NOEL ROAD PULLEN, TIMOTHY L 13737 NOEL ROAD DALLAS TX 75240 LE DVS SILVER, RICHARD B 3280 STATE STREET Y-ST-ZIP SANTA BARBARA CA 93105 LE AS	Make Check Paya	ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	State	Trust Fund Contribution.	Added	to Fees
ME DENT, DENNIS L NAME REET ADDRESS 3820 STATE STREET STREET ADDRESS Y-ST-ZIP SANTA BARBARA CA 93105 CITY-ST-ZIP LE Delete TITLE NAME STREET ADDRESS Y-ST-ZIP Delete V-ST-ZIP Delete TITLE Change NAME STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Delete TITLE Change NAME STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Delete TITLE Change NAME STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Delete NAME STREET ADDRESS (ITY-ST-ZIP) Change Addition NAME STREET ADDRESS Y-ST-ZIP Inerby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 nama appears in B	CONTRIBUTION C	Make Check Paya	ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	State	Trust Fund Contribution.	Added	to Fees
Y-ST-ZIP SANTA BARBARA CA 93105 CITY-ST-ZIP LE Delete TITLE Change Addition ME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition LE Delete TITLE Change Addition WE STREET ADDRESS CITY-ST-ZIP Change Addition LE Delete TITLE Change Addition WE STREET ADDRESS STREET ADDRESS Change Addition Y-ST-ZIP Delete TITLE Change Addition WE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS Y-ST-ZIP STREET ADDRESS STREET ADDRES	ILE PULLEN, TIMOTHY L TY-ST-ZIP DALLAS TX 75240 TIE DVS ME SILVER, RICHARD B REET ADDRESS S280 STATE STREET TY-ST-ZIP SANTA BARBARA CA 93105 ME LARSEN, CAITLIN M REET ADDRESS 8820 STATE STREET SANTA BARBARA CA 93105	Make Check Paya	ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	State	Trust Fund Contribution.	Added	Addition
ME NAME IEET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Delete IEET ADDRESS TITLE NAME STREET ADDRESS VE STREET ADDRESS VE STREET ADDRESS VE STREET ADDRESS Y-ST-ZIP Change Addition ME STREET ADDRESS Y-ST-ZIP . 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 11 or Block 12 if	I. OFFICERS AND THE P PULLEN, TIMOTHY L 13737 NOEL ROAD DALLAS TX 75240 TLE DVS SILVER, RICHARD B 3280 STATE STREET SANTA BARBARA CA 93105 TY-ST-ZIP SANTA BARBARA CA 93105 RLE AS LARSEN, CAITLIN M REET ADDRESS 3820 STATE STREET SANTA BARBARA CA 93105 TLE T ME DENT, DENNIS L	Make Check Paya	ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	State	Trust Fund Contribution.	Added	Addition
Y-ST-ZIP CITY-ST-ZIP LE Delete WE NAME STREET ADDRESS STREET ADDRESS Y-ST-ZIP Change Addition NAME STREET ADDRESS Y-ST-ZIP 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 11 or Block 12 if	Construction of the second se	Make Check Paya	ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	State	Trust Fund Contribution.	Added	Addition
LE Delete TITLE Change Addition WE EEET ADDRESS Y-ST-ZIP . I hereby certify that the information supplied with this filling 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 11 or Block 12 if	OFFICERS AND OFFICERS AND OFFICERS AND OFFICERS AND PULLEN, TIMOTHY L 13737 NOEL ROAD DALLAS TX 75240 DALLAS TX 75240 DE DVS SILVER, RICHARD B REET ADDRESS S280 STATE STREET SANTA BARBARA CA 93105 L AS LARSEN, CAITLIN M REET ADDRESS S820 STATE STREET T ME DENT, DENNIS L REET ADDRESS S820 STATE STREET	Make Check Paya	ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	State	Trust Fund Contribution.	Added	Addition
IteET ADDRESS STREET ADDRESS Item Item Item Y-ST-ZIP Item	Construction C	Make Check Paya	ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	State	Trust Fund Contribution.	Added	Addition
Interest 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 12 if	Construction C	Make Check Paya	ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	State	Trust Fund Contribution.	Added	Addition
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 11 or Block 12 if	Construction of the second se	Make Check Paya	ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	State	Trust Fund Contribution.	Added	Addition
	OFFICERS AND OFFICERS O	Make Check Paya	ble to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD	Trust Fund Contribution.	Added	to Fees