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Mar 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **K22824** (2)  
1. Corporation Name  
**LA AMISTAD RESIDENTIAL TREATMENT CENTER, INC.**



Principal Place of Business  
**201 ALPINE DR  
1200 SOUTH PINE ISLAND ROAD  
MAITLAND FL 32751  
US**

Mailing Address  
**367 S GULPH RD  
1200 SOUTH PINE ISLAND ROAD  
KING OF PRUSSIA PA 19406-2832  
US**

3. Date Incorporated or Qualified <b>05/06/1988</b>	3a. Date of Last Report <b>03/26/1996</b>
4. FEI Number <b>58-1791069</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	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc. <b>FL</b>	26. <b>367 S. Gulph RD</b>
22. City & State <b>King of Prussia PA</b>	27. P.O. Box 61558
23. Zip <b>19406-0958</b>	28. City & State <b>King of Prussia PA</b>
24. Country <b>USA</b>	29. Zip <b>19406-0958</b>
25. Country <b>USA</b>	30. Country <b>USA</b>

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	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 <b>FL</b>

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	PD MILLER, ALAN B. 367 S GULPH RD KING OF PRUSSIA PA	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	V FILTON, STEVE 367 S GULPH RD KING OF PRUSSIA PA	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	V BENDER, THOMAS J. 367 S GULPH RD KING OF PRUSSIA PA	3.1 TITLE	VD
NAME		3.2 NAME	Bender, Thomas J.
STREET ADDRESS		3.3 STREET ADDRESS	367 S. Gulph RD
CITY- ST- ZIP		3.4 CITY- ST- ZIP	King of Prussia PA
TITLE	S GILBERT, BRUCE R. 367 S GULPH RD KING OF PRUSSIA PA	4.1 TITLE	S
NAME		4.2 NAME	Gilbert, Bruce R.
STREET ADDRESS		4.3 STREET ADDRESS	367 S. Gulph RD
CITY- ST- ZIP		4.4 CITY- ST- ZIP	King of Prussia PA
TITLE	T GORMAN, KIRK E. 367 S GULPH RD. KING OF PRUSSIA, P A.	5.1 TITLE	TD
NAME		5.2 NAME	Gorman, Kirk E.
STREET ADDRESS		5.3 STREET ADDRESS	367 S. Gulph RD
CITY- ST- ZIP		5.4 CITY- ST- ZIP	King of Prussia PA
TITLE		6.1 TITLE	
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 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: Bruce R. Gilbert, Secretary Date: 3/11/97 (610) 768-3300