


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K22824		
1. Entity 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 ROAD PO BOX 61558 KING OF PRUSSIA, PA 19406-0958 US	

FILED
05 JAN 18 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1791069	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, ALAN B. 367 S GULPH RD KING OF PRUSSIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FILTON, STEVE 367 S GULPH RD KING OF PRUSSIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OSTEEN, DEBRA 367 S. GULPH RD KING OF PRUSSIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILBERT, BRUCE R. 367 S GULPH RD. KING OF PRUSSIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *[Signature]* Bruce R. Gilbert 1/4/05 6107683300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #