

T. Roberts FEB 06 2006

2006 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

DO NOT WRITE IN THIS SPACE

FILED
06 FEB -3 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-1791069

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MILLER, ALAN B.
STREET ADDRESS 367 S GULPH RD
CITY-ST-ZIP KING OF PRUSSIA, PA

TITLE VTD
NAME FILTON, STEVE
STREET ADDRESS 367 S GULPH RD
CITY-ST-ZIP KING OF PRUSSIA, PA

TITLE VD
NAME OSTEEN, DEBRA
STREET ADDRESS 367 S. GULPH RD
CITY-ST-ZIP KING OF PRUSSIA, PA

TITLE S
NAME GILBERT, BRUCE R.
STREET ADDRESS 367 S GULPH RD.
CITY-ST-ZIP KING OF PRUSSIA, PA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900065564859
02/10/06--01016--012 **150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bruce R. Gilbert 12/10/06 6107683300