


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # K22824</b> 1. Entity Name LA AMISTAD RESIDENTIAL TREATMENT CENTER, INC.	
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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
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01082007 No Chg-P CR2E034 (11/05)

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

**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
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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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01/26/07-80005-022 150.00

**DO NOT WRITE  
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: Alan B. Miller Bruce R. Gilbert 110107 6107683300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #