

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90011 036 ***150.00

DOCUMENT # K22824

1. Entity Name
LA AMISTAD RESIDENTIAL TREATMENT CENTER, INC.



Principal Place of Business Mailing Address
201 ALPINE DR 367 S GULPH ROAD
1200 SOUTH PINE ISLAND ROAD PO BOX 61558
MAITLAND, FL 32751 US KING OF PRUSSIA, PA 19406-0958 US

40037686



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
58-1791069

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 ☐ Delete
NAME MILLER, ALAN B.
STREET ADDRESS 367 S GULPH RD
CITY-STATE-ZIP KING OF PRUSSIA, PA

TITLE VTD ☐ Delete
NAME FULTON, STEVE
STREET ADDRESS 367 S GULPH RD
CITY-STATE-ZIP KING OF PRUSSIA, PA

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☒ Addition
NAME *Secretary*
STREET ADDRESS *George H. Brunner Jr.*
CITY-STATE-ZIP *367 S. Gulph Road*
King of Prussia, PA 19406

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

2/19/08

Date

610-768-3300

Daytime Phone #

George H. Brunner, Jr.