

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 27 AM 11:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L04042 (2)

**1. Corporation Name
MEDFIELD RESIDENTIAL TREATMENT CENTER, INC.**

**Principal Place of Business Mailing Address
12895 SEMINOLE BLVD. 3080 WILLIAMS DR.
LARGO FL 34648 FAIRFAX VA 22031**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/21/1989 3a. Date of Last Report 04/14/1994

4. FEI Number 59-2965964 Applied For Not Applicable

5. Certificate of Status Desired [] \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [] No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

24 Zip Country 25 Country 28 Zip Country 30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code**

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 Signature typed or printed name of registered agent and title if applicable **NOTE: Registered Agent signature required when registering** DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FOCHT, MICHAEL H SR
STREET ADDRESS	2700 COLORADO AVE.
CITY - ST - ZIP	SANTA MONICA CA 90404
TITLE	V
NAME	ANDERSONS, MARIS
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA 90404
TITLE	VSD
NAME	BROWN, SCOTT M
STREET ADDRESS	2700 COLORADO AVE.
CITY - ST - ZIP	SANTA MONICA CA 90404
TITLE	CFO
NAME	MATHIASSEN, RAYMOND L
STREET ADDRESS	2700 COLORADO AVE.
CITY - ST - ZIP	SANTA MONICA CA 90404
TITLE	AS
NAME	SILVER, RICHARD B
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA 90404
TITLE	AT
NAME	MCMULLEN, TERENCE P
STREET ADDRESS	2700 COLORADO AVENUE
CITY - ST - ZIP	SANTA MONICA CA 90404

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY - ST - ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY - ST - ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY - ST - ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY - ST - ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY - ST - ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY - ST - ZIP	

**200001468242
-04/28/95--01045--011
****200.00 ****200.00**

SP 4/27

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Scott M. Brown* **4/24/95** **310/998-8000**
Signature typed or printed name of signing officer or director Date Telephone
Scott M. Brown, Vice President, Secretary and Director