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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L04042 (2)
1. Corporation Name
MEOFIELD RESIDENTIAL TREATMENT CENTER, INC.



Principal Place of Business: 12896 SEMINOLE BLVD. LARGO FL 34648
Mailing Address: 2700 COLORADO AVENUE SANTA MONICA CA 90404-3521

3. Date Incorporated or Qualified: 07/21/1989
3a. Date of Last Report: 02/19/1996

2. Principal Place of Business: 21 3820 State Street, 22 Suite, Apt. #, etc., 23 Santa Barbara, CA, 24 Zip 93105, 25 Country USA
2a. Mailing Address: 26 c/o Mary H. Yumibe, 27 3820 State Street, 28 Santa Barbara, CA, 29 Zip 93105, 30 Country USA
4. FEI Number: 59-2965964
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

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, 85 Zip Code FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: BROWN, SCOTT M SR STREET ADDRESS: 2700 COLORADO AVE. CITY-ST-ZIP: SANTA MONICA CA 90404	1.1 TITLE: Director 1.2 NAME: Scott M. Brown 1.3 STREET ADDRESS: 3820 State Street 1.4 CITY-ST-ZIP: Santa Barbara, CA 93105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VAS	NAME: SULZBACH, CHRISTI R STREET ADDRESS: 2700 COLORADO AVE CITY-ST-ZIP: SANTA MONICA CA 90404	2.1 TITLE: VP/S 2.2 NAME: Richard B. Silver 2.3 STREET ADDRESS: 3820 State Street 2.4 CITY-ST-ZIP: Santa Barbara, CA 93105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VAS	NAME: LAYNE, DAVID W STREET ADDRESS: 2700 COLORADO AVE. CITY-ST-ZIP: SANTA MONICA CA 90404	3.1 TITLE: P 3.2 NAME: Timothy L. Pullen 3.3 STREET ADDRESS: 14001 Dallas Parkway 3.4 CITY-ST-ZIP: Dallas, TX 75240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: AT	NAME: HIXON, LAWRENCE G STREET ADDRESS: 2700 COLORADO AVE. CITY-ST-ZIP: SANTA MONICA CA 90404	4.1 TITLE: Asst. Secretary 4.2 NAME: Alan Lundgren 4.3 STREET ADDRESS: 3820 State Street 4.4 CITY-ST-ZIP: Santa Barbara, CA 93105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T	NAME: MCMULLEN, TERENCE P STREET ADDRESS: 2700 COLORADO AVE CITY-ST-ZIP: SANTA MONICA CA 90404	5.1 TITLE: VP/T 5.2 NAME: 5.3 STREET ADDRESS: 3820 State Street 5.4 CITY-ST-ZIP: Santa Barbara, CA 93105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: []	NAME: [] STREET ADDRESS: [] CITY-ST-ZIP: []	6.1 TITLE: [] 6.2 NAME: [] 6.3 STREET ADDRESS: [] 6.4 CITY-ST-ZIP: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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: Alan Lundgren Alan Lundgren, Asst. Sec'y 1/21/97 805/563-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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