FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

0555096

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04042**

1. Corporation Name
MEDFIELD RESIDENTIAL TREATMENT CENTER, INC.

Principal Place of Business
3820 STATE STREET
SANTA BARBARA FL 39105

Mailing Address
C/O MARY H. YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/21/1989

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 owes the current year Intangible Personal Property Tax [ ] Yes **X** No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

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 on reverse side) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	[X] DELETE
NAME	BROWN, SCOTT M SR	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA FL 39105	
TITLE	VPS	[ ] DELETE
NAME	SILVER, RICHARD	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA FL 39105	
TITLE	P	[ ] DELETE
NAME	PULLEN, TIMOTHY L	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA FL 39105	
TITLE	AS	[X] DELETE
NAME	LUNDGREN, ALAN	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA FL 39105	
TITLE	VPT	[ ] DELETE
NAME	MCMULLEN, TERENCE P	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA FL 39105	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [ ] Change [ ] Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE DVS [X] Change [ ] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

700002848647--3
-04/23/99--01011--025
****150.00 ****150.00

31 TITLE [ ] Change [ ] Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE AS [ ] Change [X] Addition
42 NAME Caitlin M. Larsen
43 STREET ADDRESS 3820 State Street
44 CITY-ST-ZIP Santa Barbara, CA 93105

51 TITLE [ ] Change [ ] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE [ ] Change [ ] Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

4-19-99

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Richard B. Silver, Secretary 4/8/99 805/563-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone