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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**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30.

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. Thereby 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 is not required for this filing)

(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.

13 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DVS

7000002848647-3
-04/23/99-01011-025
****150.00 ****150.00

AS

Caitlin M. Larsen
3820 State Street
Santa Barbara, CA 93105

Change Addition
4-10-99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard B. Silver, Secretary

4/8/99

805/563-7075

CR2E034 (11/98)