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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **L09039** (3)
1. Corporation Name
MANATEE PALMS THERAPEUTIC GROUP HOME, INC.

Principal Place of Business Mailing Address
3080 WILLIAMS DR. FAIRFAX VA 22031 **3080 WILLIAMS DR. FAIRFAX VA 22031**

3. Date Incorporated or Qualified **08/15/1989** 3a. Date of Last Report **04/14/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	25	58-1855101	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City FL B5 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOCHT, MICHAEL H SR	12 NAME	
STREET ADDRESS	2700 COLORADO AVE	13 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90404	14 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSONS, MARIS	22 NAME	500001468245
STREET ADDRESS	2700 COLORADO AVE	23 STREET ADDRESS	-04/28/95--01045--013
CITY-ST-ZIP	SANTA MONICA CA 90404	24 CITY-ST-ZIP	***200.00 ***200.00
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SCOTT M	32 NAME	
STREET ADDRESS	2700 COLORADO AVE	33 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90404	34 CITY-ST-ZIP	
TITLE	CFO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIASSEN, RAYMOND L	42 NAME	
STREET ADDRESS	2700 COLORADO AVE	43 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90404	44 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, RICHARD B	52 NAME	
STREET ADDRESS	2700 COLORADO AVE	53 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90404	54 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLEN, TERENCE P	62 NAME	
STREET ADDRESS	2700 COLORADO AVE	63 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90404	64 CITY-ST-ZIP	

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 110.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)

Scott M. Brown, Vice President, Secretary and Director