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CORPORATION ANNUAL REPORT



Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

L09039

(3)

MANATEE PALMS THERAPEUTIC GROUP HOME, INC.						
Principal Place of Business		Mailing Address			I LOBINSON SHI BOND LONIN ORIBE L	118 1811 81811 81811 81811 81811 81811 81811 1 <b>88</b> 1
3060 WILLIAMS DR. FAIRFAX VA 22031		3060 WILLIAMS DR. FAIRFAX VA 22031				
					3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal Pla	age of Business	TAIT, THE TAIT OF THE PARTY OF	···		08/15/1989	04/27/1995
[mail		2a. Mailing Address			4. FEI Number	Applied For
Suite, Apl. #, etc.		Suite, Apt. #, etc.		58-1855101	Not Applicable	
22 333		27 333			5. Certificate of Status Desired	\$8.75 Additional
City & State Vienna, VA		City & State			6. Election Campaign Financing	Fee Required
		28 Vienna, V	/A		Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 221		<sup>Zφ</sup> 22180	Country		8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25   9. Name and Address of Current	[29]	30		Florida Statutes	□No
· · · · · · · · · · · · · · · · · · ·	J. Hame and Address of Current	negistered Agent	81	Name	10. Name and Address of New Re	egistered Agent
07.00	ADDODITION AVATELL		0.			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			82	Street	Address (P.O. Box Number is Not Acceptable	e)
	ATION FL 33324		83			
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AHOR FE 33324					
			84	City		FL 85 Zip Code
familiar with SIGNATURE	ad agent, or both, in the State of Flor d h, and accept the obligations of, Section	n 607.0505, Florida Statutes.	o by the corpo	oraugit 5	poration submits this statement for the purp board of directors. Thereby accept the appo	ose of changing its registered office ntment as registered agent. I am
12.	OFFICERS AND		13.	t signature re	apurest when constantly additions/changes to of Fig.	CATE
TITLE 4	P	<b>™</b> DELETE	1 TITLE			Change Addition
NAME	The same and the s		1.2 NAME	i	P	Est change [] Addition
STREET ADDRESS	2700 COLORADO AVE		13 STREET.	ADDRESS	Timothy L. Pullen	
CITY-ST-ZIP	SANTA MONICA CA 90404		1.4 CHY+S1	[ - ZIP	14001 Dallas Parkway Dallas TX 75240	
TITLE			2 1 IITLE		Vice Pres:/Secretary Richard B: Silver	Change Addition
NAME	ANDERSONS, MARIS		2.2 NAME			
STREET ADDRESS	2700 COLORADO AVE		2.3 STREET	ADDRESS	2700 Colorado Ave.	•
CITY - ST - ZIP TITLE	SANTA MONICA CA 90404		2 4 OITY - ST	- ZIP	Santa Monica, CA 904	J4 
NAME	VSD	<b>Ģ</b> D€LETE	3 ° 10 LE		VP/T	Change Addition
STREET ADDRESS	BROWN, SCOTT M		3.2 NAME		Terence P. McMullen	
CITY-SI-ZIP	2700 COLORADO AVE		3.3 STREET		2700 Colorado Ave.	
TIFLE	SANTA MONICA CA 90404 CFO	X DELETE	3.4 CITY - ST 4.1 TITLE	-7:6	Santa Monica, CA 9040	)4
NAME	MATHIASEN, RAYMOND L		4.2 NAME		Asst. Secretary	Change 🔲 Addition
STREET ADDRESS	2700 COLORADO AVE		4.3 STRSE1 /	MODELESS	Alan Lundgren	
CITY - ST - ZIP	SANTA MONICA CA 90404		4 4 CITY - ST	- 1	2700 Colorado Ave.	
TITLE	AS	<b>⊠</b> DELETE	5 1 TITLE		-Santa 9000001 79	Addition
NAME	SILVER, RICHARD B		52 NAME		-04/19/960101	1017
STREET ADDRESS	2700 COLORADO AVE		53 STREET A		***200.00	·- ₩#1
CITY-S1-ZIP	SANTA MONICA CA 90404	··	5.4 City - ST	- ZIP		
THLE	AT	🙀 DELETE	€ 1 THEF			Change Addition
NAME	MCMULLEN, TERENCE P		6.2 NAME			11 01
STREET ADDRESS	2700 COLORADO AVE		6.3 STREET A	DORESS		4-18-96

City-St-ZiP SANTA MONICA CA 90404

14. I do hereby certify that the information supplied with this fung is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statules 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 appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING SPACER OR DIRECTOR

3/26/96 310/998-8427