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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DE PARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** L09039

1. Corporation Name

MANATEE PALMS THERAPEUTIC GROUP HOME, INC.

Principal Pla	ce of Business	Mailing Addre	<b>s</b> s						
% MARY YUM 3820 STATE S SANTA BARBA		% MARY YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zrp Country 24 25		26     Suite, Apt   27	Suite, Apt #, etc			5. 6.	08/15/1989 FET Number 58-1855101 Certificate of Status Delared [ ] Electron Camparyin Emissioning Trust Fund Contribution This corporation owes the current year Personal Property Lax	\$8.75 A Fee Re \$5.00 Added to Intangable	gu red May Be
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 82 83			Name and Address of New Register  2.O. Box Number is Not Acceptable)	ed Agent	

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 registere office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's bound of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**\$IGNATURE** Signature, typed or printed name of registerest agent and talk if applicable INOTE: Registered Agent support as a 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE [ | DELETE PULLEN, TIMOTHY L NAME 1.2 NAME 14001 DALLAS PARKWAY STREET ADDRESS 13 STREET ADJOING SS CITY-ST-ZIP DALLAS TX 75240 14 O(1) - \$1 - 281 DVS TITLE [ | DELETE NAME SILVER, RICHARD B STREET ADDRESS 3820 STATE STREET 23 STREET ADORESS SANTA BARBARA CA 93105 CITY-ST-ZIP 2.4 O(1) -51 20 [ | DELETE TITLE 3 1 TO F [ ] Addition MCMULLEN, TERENCE P NAME 3.2 NAME **5000002848646--6** -04/28/99--01011--024 STREET ADDRESS 3820 STATE STREET 3.3 STREET ADJINESS SANTA BARBARA CA 93105 CITY-ST-ZIP 34 Oily St Zer [\*DECETE TITLE 4.1 Till F NAME LUNDGREN, ALAN 4. 2 NAME Caitlin M. Larsen STREET ADDRESS 3820 STATE STREET 4.3 STREET ACROSS 3820 State Street SANTA BARBARA CA 93105 CITY-ST-ZIP 4.4 0.117 51 -26 Santa Barbara, CA 93105 [X DELETE TITLE [ ] Add t. yn 5.1 THEF [ | Orange BROWN, SCOTT M NAME STREET ADDRESS 3820 STATE STREET SANTA BARBARA CA 93105 CATY-ST-ZIP [ | DELETE 61 Till, E TITLE E.2 NASE

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Scriben 119 (7/3)(i). Florida Statute's I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my significant shall have the same legisl effect as if made under both, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 697. 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

805/563-7075

4/8/99