

2002 UNIFORM BUSINESS REPORT (UBR)

0571294 AV

DOCUMENT # L09039

1. Entity Name
MANATEE PALMS THERAPEUTIC GROUP HOME, INC.

FILED
02 APR 12 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business, Mailing Address, 2. Principal Place of Business, 3. Mailing Address, 4. FEI Number, 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent, 7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Caitlin M. Larsen, Asst. Sec. 3/19/02 805/563-7075

CR2E034 (9/01)