FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04792 (0)

1. Corporation Name

HANLEY - HAZELDEN CENTER AT ST. MARY'S, INC.

Principal Place of Business	Mailing Address
5200 EAST AVENUE W PALM BCH.,F L. 33407	5200 EAST AVENUE W PALM BCH.,F L. 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1984
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2500657 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PLANT, TIMOTHY D.
5200 EAST AVENUE
W PALM BCH.,F L. FL 33407

10. Name and Address of New Registered Agent

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD	1.1 TITLE	VCD ☒ Change ☐ Addition
NAME	MILLER, WENTZ	1.2 NAME	Don Chester
STREET ADDRESS	901 45TH STREET	1.3 STREET ADDRESS	901 45th St.
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	CD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSSIN, THOMAS	2.2 NAME	
STREET ADDRESS	505 SOUTH FLAGLER DRIVE, SUITE #1001	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, LEANN	3.2 NAME	
STREET ADDRESS	15245 PLEASANT VALLEY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CENTER CITY MN	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	PLANT, TIMOTHY D	4.2 NAME	
STREET ADDRESS	5200 EAST AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	SPICER, JERRY	5.2 NAME	
STREET ADDRESS	15245 PLEASANT VALLEY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CENTER CITY MN	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☒ Change ☐ Addition
NAME	MCELRATH, DAMIAN	6.2 NAME	S
STREET ADDRESS	15245 PLEASANT VALLEY RD	6.3 STREET ADDRESS	Jeremiah A. Singleton
CITY-ST-ZIP	CENTER CITY MN	6.4 CITY-ST-ZIP	5200 East Avenue West Palm Beach, FL

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 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Timothy D. Plant Timothy D. PlaNT, Vice President (407) 848-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(0948141)