

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010136

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** SOUTH FLORIDA EVALUATION TREATMENT CENTER FINANCING CORPORATION

**Current Principal Place of Business:**

ONE PARK PLACE, SUITE 700  
621 NW 53RD STREET  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

ONE PARK PLACE, SUITE 700  
621 NW 53RD STREET  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 20-3555855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, GARY W ESQ.  
TRIPP SCOTT, P.A.  
110 SOUTHEAST 6TH STREET, 15TH FLOOR  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FRICK, DALE W  
Address: ONE PARK PLACE, STE 700, 621 NW 53RD ST  
City-St-Zip: BOCA RATON, FL S3487

Title: DST ( ) Delete  
Name: DOMINICIS, JORGE  
Address: ONE PARK PLACE, STE 700, 621 NW 53RD ST  
City-St-Zip: BOCA RATON, FL S3487

Title: DV ( ) Delete  
Name: BULFIN, JOHN  
Address: ONE PARK PLACE, STE 700, 621 NW 53RD ST  
City-St-Zip: BOCA RATON, FL S3487

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE W. FRICK

DP

04/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date