

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11770 (7)
1. Corporation Name
**KEY BISCAVNE ADDICTION RESEARCH, TREATMENT & TRA
INING CENTER, INC.**



Principal Place of Business 24 W. ENID DR. #C KEY BISCAVNE FL 33149		Mailing Address 24 W. ENID DR. #C KEY BISCAVNE FL 33149-2009		3. Date Incorporated or Qualified 10/28/1985	3a. Date of Last Report 07/25/1996
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2617300		Applied For Not Applicable	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PALMER, ROBERT F <i>ROGER</i> 24 W. ENID DR. #C KEY BISCAVNE FL 33149		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PALMER, ROGER F. MD 24 W. ENID DRIVE #C KEY BISCAVNE FL 33149	11 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	D TROP, JULES MD 24 W. ENID DRIVE #C KEY BISCAVNE FL 33149	21 TITLE	VTD
NAME		22 NAME	NELIDA PALMER
STREET ADDRESS		23 STREET ADDRESS	24 W. ENID DRIVE #C
CITY-ST-ZIP		24 CITY-ST-ZIP	KEY BISCAVNE FL 33149
TITLE	D WOOD, HUGH 7630 BISCAVNE BLVD. MIAMI FL 33149	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	SD TRAINOR, DIANE 9200 S. DADELAND BLVD., #700 MIAMI FL 33156	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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 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: *[Signature]* M.D. 4/17/97

CR2E037 (9/96)