


FILE NOW: FILING FEE IS \$61.25

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Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90071 011 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # N38584

1. Corporation Name

THE SUNCOAST THERAPEUTIC EDUCATIVE PROGRAM, INC.

Principal Place of Business

2413 DOUD STREET
SARASOTA FL 34231
US

Mailing Address

2413 DOUD STREET
SARASOTA FL 34231
US



| | | |
|--------------------------------|---------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 | 26 | 06/13/1990 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 | 27 | 65-0196797 |
| City & State | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | 28 | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Zip | Country | Trust Fund Contribution <input type="checkbox"/> |
| 24 | 25 | 29 |
| Country | Zip | 30 |

9. Name and Address of Current Registered Agent

MORRISON, MARK J
2413 DOUD STREET
SARASOTA FL 34231

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 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 | 1.1 TITLE |
| NAME | 1.2 NAME |
| STREET ADDRESS | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | 1.4 CITY-ST-ZIP |
| TITLE | 2.1 TITLE |
| NAME | 2.2 NAME |
| STREET ADDRESS | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | 2.4 CITY-ST-ZIP |
| TITLE | 3.1 TITLE |
| NAME | 3.2 NAME |
| STREET ADDRESS | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | 3.4 CITY-ST-ZIP |
| TITLE | 4.1 TITLE |
| NAME | 4.2 NAME |
| STREET ADDRESS | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | 4.4 CITY-ST-ZIP |
| TITLE | 5.1 TITLE |
| NAME | 5.2 NAME |
| STREET ADDRESS | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | 5.4 CITY-ST-ZIP |
| TITLE | 6.1 TITLE |
| NAME | 6.2 NAME |
| STREET ADDRESS | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | 6.4 CITY-ST-ZIP |

14. 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 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, with all other like empowered.

SIGNATURE: Mark Morrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/99 (941) 923-1943

CR2E037 (11/98)