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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:26

DOCUMENT # N93000001164 (3)

1. Corporation Name

COMMUNITY ADDICTION TREATMENT CENTER OF SOUTH DA DE, INC.

Principal Place of Business	Mailing Address
12500 SW 152ND STREET MIAMI FL 33137	18441 NW 2ND AVE SUITE #218 MIAMI FL 33169-4517

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1993
3a. Date of Last Report: 09/22/1994
4. FEI Number: 65-0412001 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 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 501(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

HAYDEN, H. BRUCE
18441 N.W. 2ND AVENUE
SUITE #218
MIAMI FL 33169-4517

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	CD	11 TITLE	☐ Change ☐ Addition
NAME	GISSEN, MATTHEW ESQ	12 NAME	
STREET ADDRESS	18441 NW 2ND AVE STE 218	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169-4517	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	HAYDEN, H. BRUCE	22 NAME	
STREET ADDRESS	18441 NW 2ND AVE STE218	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	24 CITY-ST-ZIP	
TITLE	VTDT	31 TITLE	☐ Change ☐ Addition
NAME	LANG, STEVEN	32 NAME	
STREET ADDRESS	18441 NW 2ND AVE STE 218	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	34 CITY-ST-ZIP	
TITLE	VATD	41 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, DAVID	42 NAME	
STREET ADDRESS	18441 NW 2ND AVE STE 218	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, LANNY	52 NAME	
STREET ADDRESS	18441 NW 2ND AVE 218	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	54 CITY-ST-ZIP	
TITLE	ASD	61 TITLE	☐ Change ☐ Addition
NAME	MILLER, MICHAEL	62 NAME	
STREET ADDRESS	18441 NW 2ND AVE STE 218	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169-4517	64 CITY-ST-ZIP	

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: H. Bruce Hayden — H. Bruce Hayden — March 23, 1995 — (305)653-8288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #