


FILE NOW: FILING FEE IS \$61.25

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Apr 11 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 # **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**



3. Date Incorporated or Qualified **03/08/1993** 3a. Date of Last Report **04/03/1996**

2. Principal Place of Business 21 18441 N.W. 2nd Ave Suite, Apt. #, etc. 22 218 City & State 23 Miami, FL Zip 24 33169-4517	2a. Mailing Address 25 18441 N.W. 2nd Ave Suite, Apt. #, etc. 26 218 City & State 27 Miami, FL Zip 28 33169-4517	4. FEI Number 65-0412001 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GISSSEN, MATTHEW ESQ	1.2 NAME	
STREET ADDRESS	18441 NW 2ND AVE STE 218	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33169-4517	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYDEN, H. BRUCE	2.2 NAME	
STREET ADDRESS	18441 NW 2ND AVE STE218	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33169	2.4 CITY - ST - ZIP	
TITLE	VATD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, DAVID	3.2 NAME	
STREET ADDRESS	18441 NW 2ND AVE STE 218	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33169	3.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, LANNY	4.2 NAME	
STREET ADDRESS	18441 NW 2ND AVE 218	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33169	4.4 CITY - ST - ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MICHAEL	5.2 NAME	
STREET ADDRESS	18441 NW 2ND AVE STE 218	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33169-4517	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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; 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 in an attachment with an address.

SIGNATURE:

H. Bruce Hayden, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/97
Date

(305) 653-8200
Daytime Phone #

CR2E037 (9/96)