2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# P04000102136

Entity Name: SOUTH FLORIDA CLINICAL TREATMENT CENTERS, INC.

Current Principal Place of Business:

901 PROGRESSO DRIVE
L6
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

2647 NORTH ANDREWS AVENUE
WILTON MANORS, FL 33311

Current Mailing Address:

1440 NE 27TH DR
WILTON MANORS, FL 33334

New Mailing Address:

FEI Number: 20-1342474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOLAN, JONATHAN
1440 NE 27TH DR
WILTON MANORS, FL 33334 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: DOLAN, JONATHAN R
Address: 901 PROGRESSO DRIVE L6
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: DOLAN, JONATHAN R
Address: 2647 NORTH ANDREWS AVENUE
City-St-Zip: WILTON MANORS, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN R. DOLAN PSTD 04/12/2007

Electronic Signature of Signing Officer or Director Date