

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P35375** (5)

1. Corporation Name

**AMERICAN DAY TREATMENT CENTERS, INC. OF FLORIDA**



Principal Place of Business

2661 RIVA RD. RIVA 400 OFFICE PK ST 1020  
ANNAPOLIS MD 21401

Mailing Address

2661 RIVA RD. RIVA 400 OFFICE PK ST 1020  
ANNAPOLIS MD 21401

3. Date Incorporated or Qualified  
**09/12/1991**

3a. Date of Last Report  
**06/06/1995**

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number  
**54-1598692**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

By the tax preparer or other person authorized to file this report

By the registered agent or other person authorized to file this report

DATE

12. OFFICERS AND DIRECTORS

12.1  
NAME  
STREET ADDRESS  
CITY, STATE, ZIP  
12.2  
NAME  
STREET ADDRESS  
CITY, STATE, ZIP  
12.3  
NAME  
STREET ADDRESS  
CITY, STATE, ZIP  
12.4  
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STREET ADDRESS  
CITY, STATE, ZIP  
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STREET ADDRESS  
CITY, STATE, ZIP  
12.8  
NAME  
STREET ADDRESS  
CITY, STATE, ZIP  
12.9  
NAME  
STREET ADDRESS  
CITY, STATE, ZIP  
12.10  
NAME  
STREET ADDRESS  
CITY, STATE, ZIP

**PCD  
DON, JAMES K.  
2661 RIVA ROAD  
ANNAPOLIS MD  
21401  
VD  
HARRIS, JAMES D.  
2661 RIVA ROAD  
ANNAPOLIS MD  
21401  
VSD  
JOHNSON, MARK O.  
2661 RIVA ROAD  
ANNAPOLIS MD  
21401**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1  
NAME  
STREET ADDRESS  
CITY, STATE, ZIP  
13.2  
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CITY, STATE, ZIP  
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STREET ADDRESS  
CITY, STATE, ZIP  
13.10  
NAME  
STREET ADDRESS  
CITY, STATE, ZIP

**Y/T/D  
ANDREW E. CLARK  
2661 RIVA ROAD SUITE 1020  
ANNAPOLIS, MD 21401**

☐ Change ☒ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/23/96 (410)224-2382**

CR2E034 (12/95)