

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P39889** (1)  
1. Corporation Name:  
**TURNING POINT CARE CENTER, INC.**



Principal Place of Business <b>EAST BY PASS 367 S. GULPH ROAD MOULTRIE GA 31768 US</b>	Mailing Address <b>367 SOUTH GULPH ROAD 367 S. GULPH ROAD KING OF PRUSSIA PA 19406-2832 US</b>
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3. Date Incorporated or Qualified <b>07/27/1992</b>	3a. Date of Last Report <b>03/26/1996</b>
4. FEI Number <b>58-1534607</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>319 East-By Pass</b> Suite, Apt. #, etc. 22 <b>P.O. Box 1177</b> City & State 23 <b>Moultrie GA</b> Zip 24 <b>31768</b>	2a. Mailing Address 26 <b>367 S. Gulph Rd</b> Suite, Apt. #, etc. 27 <b>P.O. Box 61558</b> City & State 28 <b>King of Prussia PA</b> Zip 29 <b>19406-0958</b>	Country 25 <b>USA</b> Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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

Signature required in period of time of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DCP</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, ALAN B.</b>	
STREET ADDRESS	<b>367 SOUTH GULPH RD.</b>	
CITY-ST-ZIP	<b>KING OF PRUSSIA PA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BENDER, THOMAS J.</b>	
STREET ADDRESS	<b>367 SOUTH GULPH RD.</b>	
CITY-ST-ZIP	<b>KING OF PRUSSIA PA</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>FILTON, STEVE</b>	
STREET ADDRESS	<b>367 SOUTH GULPH ROAD</b>	
CITY-ST-ZIP	<b>KING OF PRUSSIA PA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GILBERT, BRUCE R.</b>	
STREET ADDRESS	<b>367 SOUTH GULPH RD.</b>	
CITY-ST-ZIP	<b>KING OF PRUSSIA PA</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>GORMAN, KIRK E</b>	
STREET ADDRESS	<b>367 SOUTH GULPH ROAD</b>	
CITY-ST-ZIP	<b>KING OF PRUSSIA PA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VD Bender, Thomas J.</b>
2.3 STREET ADDRESS	<b>367 S. Gulph RD</b>
2.4 CITY-ST-ZIP	<b>King of Prussia PA</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Bruce R. Gilbert, Secretary**

**3/11/97**  
Date

**(610)768-3300**  
Daytime Phone #

0008164

CR2E034 (9/96)