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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 6:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P93000070086 (2)

1. Corporate Name
SOUTHERN INSTITUTE FOR TREATMENT EVALUATION, INC

Principal Place of Business	Mailing Address
900 LINTON BLVD STE C8200 DELRAY BEACH FL 33444 US	900 LINTON BLVD STE C8200 DELRAY BEACH FL 33444 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1993
3a. Date of Last Report: 04/26/1994

	2. Principal Place of Business	2a. Mailing Address
21/26	660 Linton Blvd	660 Linton Blvd
Suite Apt # etc. 22/27	Suite 112	Suite 112
City & State 23/28	DelRay Beach, Fl	DelRay Bch, Fl
Zip 24/29	33444	33444
County 25/30	Palm Bch	Palm Bch

4. FEI Number: 65-0457192 — 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

VKNS CORP.
2424 NORTH FEDERAL HIGHWAY
STE. 314
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: DIANA S BURNS
82 Street Address (P.O. Box Number is Not Acceptable): 660 LINTON BLVD STE 112
83
84 City: DelRAY Bch FL 85 Zip Code: 33444

11. Pursuant to the provisions of Sections 607.0505 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: ✓ Diana S. Burns — DIANA S BURNS Exec DIR. — 4/27/95
(If changing Registered Agent, Registered Agent must sign here.) (Title) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDT	61 TITLE	☐ Change ☐ Addition
NAME	CHERNAK, MICHAEL H	62 NAME	MICHAEL H CHERNAK Delete
STREET ADDRESS	C/O 5820 N. FEDERAL HGHWY STE. D-3	63 STREET ADDRESS	660 LINTON BLVD STE 112
CITY ST ZIP	BOCA RATON FL	64 CITY ST ZIP	DelRAY Bch, FL 33444
TITLE	VTD	71 TITLE	D ☐ Change ☐ Addition
NAME	BURNS, DIANA S	72 NAME	DIANA S BURNS
STREET ADDRESS	C/O 5820 N. FEDERAL HGHWY STE. D-3	73 STREET ADDRESS	660 LINTON BLVD STE112
CITY ST ZIP	BOCA RATON FL 33487	74 CITY ST ZIP	DelRAY Beach, Fl 33444
TITLE	SD	81 TITLE	PD ☐ Change ☐ Addition
NAME	MICHAEL, MICHELE	82 NAME	michele Michael
STREET ADDRESS	C/O 5820 N. FEDERAL HGHWY STE. D-3	83 STREET ADDRESS	660 LINTON BLVD, STE 112
CITY ST ZIP	BOCA RATON FL 33487	84 CITY ST ZIP	DelRAY Bch, Fl 33444
TITLE		41 TITLE	VD ☐ Change ☒ Addition
NAME		42 NAME	SHARON CARTER
STREET ADDRESS		43 STREET ADDRESS	660 LINTON BLVD STE 112
CITY ST ZIP		44 CITY ST ZIP	DeLRAY Bch, Fl 33444
TITLE		51 TITLE	D ☐ Change ☒ Addition
NAME		52 NAME	COREEN D HOWARD
STREET ADDRESS		53 STREET ADDRESS	3300 CHURCH HILL DR
CITY ST ZIP		54 CITY ST ZIP	Boynton Bch, Fl 33435
TITLE	D addition	61 TITLE	SD ☐ Change ☒ Addition
NAME	DEAN J ROTONDO MD	62 NAME	LORI FRIED
STREET ADDRESS	293 CAMINO LAKES CIRCLE	63 STREET ADDRESS	3064 SPRINGFIELD LANE
CITY ST ZIP	BOCA RATON, FL 33486	64 CITY ST ZIP	LAKE WORTH, FL 33461 CH

14. I hereby certify that the information supplied with this filing is absolutely 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 607, Florida Statutes; and that my name appears in Block 1 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: ✓ Diana S. Burns — DIANA S BURNS DIRECTOR 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Title) (Date)

407-278-8411
(Telephone Number)

0207006 CP