FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000070086 (2)**

1. Corporation Name

SOUTHERN INSTITUTE FOR TREATMENT EVALUATION, INC

Principal Place of Business	Mailing Address
660 LINTON BLVD. SUITE 112 DELRAY BEACH FL 33444 US	660 LINTON BLVD. SUITE 112 DELRAY BEACH FL 33444 US

3. Date Incorporated or Qualified: 10/04/1993
3a. Date of Last Report: 05/01/1995
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BURNS, DIANA
660 LINTON BLVD.
SUITE 112
DELRAY BCH. FL 33444

10. Name and Address of New Registered Agent

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
Signature, typed or printed name of registered agent and title, if applicable — (NOTE: Registered Agent's signature is required when resigning) — DATE

12. OFFICERS AND DIRECTORS

TITLE	VDT	☑ DELETE
NAME	CHERNAK, MICHAEL H	
STREET ADDRESS	C/O 5820 N. FEDERAL HGHWY STE. D-3	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	☐ DELETE
NAME	BURNS, DIANA S	
STREET ADDRESS	660 LINTON BLVD. STE. 112	
CITY-ST-ZIP	DELRAY BCH FL 33444	
TITLE	PD	☐ DELETE
NAME	MICHAEL, MICHELE	
STREET ADDRESS	660 LINTON BLVD. STE. 112	
CITY-ST-ZIP	DELRAY BCH. FL 33444	
TITLE	VD	☐ DELETE
NAME	CARTER, SHARON	
STREET ADDRESS	660 LINTON BLVD. STE. 112	
CITY-ST-ZIP	DELRAY BCH FL 33444	
TITLE	TD	☐ DELETE
NAME	HOWARD, CORREEN D	
STREET ADDRESS	3300 CHURCH HILL DR.	
CITY-ST-ZIP	BORNTON BCH. FL 33435	
TITLE	D	☑ DELETE
NAME	ROTONDO, DEAN J MD	
STREET ADDRESS	793 CAMINO LAKES CIR.	
CITY-ST-ZIP	BOCA RATON FL 33486	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	☐ Change ☑ Addition
1.2 NAME	FRIED, LORI	
1.3 STREET ADDRESS	3064 Springfield Lane	
1.4 CITY-ST-ZIP	LAKE WORTH, Fla. 33461	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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3.29

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Diana S. Burns — DIANA S BURNS — 3/12/96 — 407-278-8411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)