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

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

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~~

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 required for filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VDT	☑ DELETE	1.1 TITLE	SD	☐ Change ☑ Addition
NAME	CHERNAK, MICHAEL H		1.2 NAME	FRIED, LORI	
STREET ADDRESS	C/O 5820 N. FEDERAL HGHWY STE. D-3		1.3 STREET ADDRESS	3064 Springfield Lane	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	LAKE WORTH, Fla. 33461	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BURNS, DIANA S		2.2 NAME		
STREET ADDRESS	660 LINTON BLVD. STE. 112		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL 33444		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MICHAEL, MICHELE		3.2 NAME		
STREET ADDRESS	660 LINTON BLVD. STE. 112		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL 33444		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, SHARON		4.2 NAME		
STREET ADDRESS	660 LINTON BLVD. STE. 112		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL 33444		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD, CORREEN D		5.2 NAME		
STREET ADDRESS	3300 CHURCH HILL DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BORNTON BCH. FL 33435		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROTONDO, DEAN J MD		6.2 NAME		
STREET ADDRESS	793 CAMINO LAKES CIR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		6.4 CITY-ST-ZIP		

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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)