

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 26 1998 8:00am
Secretary of State

DOCUMENT # P93000070086 (2)

1. Corporation Name

SOUTHERN INSTITUTE FOR TREATMENT EVALUATION, INC



Principal Place of Business

660 LINTON BLVD.
SUITE 112
DELRAY BEACH FL 33444
US

Mailing Address

660 LINTON BLVD.
SUITE 112
DELRAY BEACH FL 33444
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1993

4. FEI Number

65-0457192

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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 Sharon Carter
82 Street Address (P.O. Box Number is Not Acceptable)
660 Linton Blvd #112
83 Delray Beach FL 33444
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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME FRIEND, LORI
STREET ADDRESS 3064 SPRINGFIELD LN
CITY-ST-ZIP LAKEWORTH FL 33461

TITLE D
NAME BURNS, DIANA S
STREET ADDRESS 660 LINTON BLVD. STE. 112
CITY-ST-ZIP DELRAY BCH FL 33444

TITLE PD
NAME MICHAEL, MICHELE
STREET ADDRESS 660 LINTON BLVD. STE. 112
CITY-ST-ZIP DELRAY BCH. FL 33444

TITLE VD
NAME CARTER, SHARON
STREET ADDRESS 660 LINTON BLVD. STE. 112
CITY-ST-ZIP DELRAY BCH FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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]*

CR2E034 (5/98)