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 APR -7 AM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000085972 (6)**

1. Corporation Name
HAWTHORNE THERAPY CENTER, INC.

Principal Place of Business
2001 HAWTHORNE STREET
SARASOTA FL 34239

Mailing Address
2001 HAWTHORNE STREET
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1993
3a. Date of Last Report: 04/20/1994

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

4. FEI Number: 65-0454059 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SARBEY, EDWARD H
1748 INDEPENDENCE BLVD
SUITE C-4
SARASOTA FL 34234

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(S) (Typed or printed name of person signing) (Title if applicable) (Registered Agent signature required when applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19
01 Title	D	01 Title D ☐ Change ☐ Addition
02 Name	SARBEY, EDWARD H	02 Name PETER STICH
03 Street Address	3449 WINDING OAKS DR	03 Street Address 4 MAIN STREET
04 City St Zip	SARASOTA FL	04 City St Zip FARMINGTON CT 06032
05 Title	D	05 Title ☐ Change ☐ Addition
06 Name	PACHECO, CHRISTOPHER	06 Name
07 Street Address	829 FIREHORN DR	07 Street Address
08 City St Zip	DRESHER PA	08 City St Zip
09 Title		09 Title ☐ Change ☐ Addition
10 Name		10 Name
11 Street Address		11 Street Address
12 City St Zip		12 City St Zip
13 Title		13 Title ☐ Change ☐ Addition
14 Name		14 Name
15 Street Address		15 Street Address
16 City St Zip		16 City St Zip
17 Title		17 Title ☐ Change ☐ Addition
18 Name		18 Name
19 Street Address		19 Street Address
20 City St Zip		20 City St Zip
21 Title		21 Title ☐ Change ☐ Addition
22 Name		22 Name
23 Street Address		23 Street Address
24 City St Zip		24 City St Zip

14. I hereby certify that the information supplied with this filing is absolutely true and correct, that it does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect and be of the same force and 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 above, or on an attachment with an address.

SIGNATURE: [signature] 2/28/95 215-443-8897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Telephone Number)

0344083 CP