FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 APR 24 PM 1:27

TALLAHASSEE, FLORIDA

DOCUMENT # **P94000024595 (8)**

1. Corporate Name

SOUTHWEST MIAMI TREATMENT CENTER, INC.

Principal Office Address

601 S. SEMORAN BLVD.
ORLANDO FL 32807

Mailing Address

601 S. SEMORAN BLVD.
ORLANDO FL 32807

PLEASE WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1994

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite Apt # or Bldg — 22

Suite Apt # or Bldg — 27

City & State — 23

City & State — 28

24 25 29 30

4. FEI Number: 62-1566198 — 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. The corporation is hereby elected to be subject to the provisions of Florida Statutes: [✓] Yes [ ] No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: Randall B Greene

82 Street Address (P.O. Box Number is Not Acceptable): 601 S Semoran Blvd

83 Orlando, FL 32807

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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 and the 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: Randall Greene — 4/18/95

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip
P	Greene, Randall B	601 S Semoran Blvd	Orlando, FL 32807

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

14. I hereby 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 as if made under oath; that I am a director or officer 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 with an addition, change or deletion.

SIGNATURE: Randall Greene — 3/30/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randall B Greene

0067649 CP