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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000074077 (6)**

1. Corporation Name

PRIORITY 1 ALCOHOL & DRUG RECOVERY PROGRAM, INC.



Principal Place of Business

Mailing Address

**102 PARK PLACE BLVD
SUITE A4
KISSIMMEE FL 34741
US**

**102 PARK PLACE BLVD
SUITE A4
KISSIMMEE FL 34741
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

9. Name and Address of Current Registered Agent

**AUSTIN, WILLIAM W PSY.D.
102 PARK PLACE BLVD
SUITE A-4
KISSIMMEE FL 34741**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 the corporation

(Date: Registered Agent's signature and the corporation's)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	AUSTIN, WILLIAM W	
STREET ADDRESS	102 PARK PLACE BLVD, SUITE A4	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	VP	☐ DELETE
NAME	CASTO, SARA L MD	
STREET ADDRESS	102 PARK PLACE BLVD, SUITE A4	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	ST	☐ DELETE
NAME	MIZAH, REUBEN	
STREET ADDRESS	102 PARK PLACE BLVD, SUITE A4	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William W. Austin

4/9/96

(407)870-2101

Corporate Phone #

CR2E034 (12/95)