FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000024578 (3)

FAMILY TREATMENT CENTER, INC.

| Principal Place | of Business | Mailing Address | ····· | ····· | | I ODALA ODANI ODIEL | i fabar menda | BINII NEGAH 1841 LARI |
|--|--|---|---------------------------------------|--|--|---------------------|---------------|------------------------------------|
| 106 BOSTON AVENUE SUITE 102 ALTAMONTE SPRINGS FL 32701 | | 106 BOSTON AVENUE SUITE 102 ALTAMONTE SPRINGS FL 32701 | | | | | | |
| | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 03/20/1995 | | | Report | |
| 2. Principal Pla | ice of Business | 2a. Mailing Address | · · · · · · · · · · · · · · · · · · · | | 4. FEI Number | - | V | Applied For |
| 21 | | 26 | | | | | | Not Applicable |
| Suite, Apt. # | <u></u> | Suite, Apt. #, etc. | | ······································ | 5. Certificate of Status Desired | | | '5 Additional ∋ Required |
| City & State | | City & State | | | 6. Election Campaign Financing | | | 00 May Be |
| Zip Country | | 28 | Zip Country | | Added to rees | | | |
| 24 | 25 Codinay | 29 | 30 | | 8. This corporation has liability for intangille tax under s 199.032, Florida Statutes Yes No | | | |
| | 9, Name and Address of Current Registered Agent | | | | 10, Name and Address of New Registered Agent | | | |
| | | | 81 | Name | | - Hogistoree | - gon | |
| MCDANIEL, ANN C | | | | | | | | |
| | OSTON AVENUE | | 82 | Street Addre | dress (P.O. Box Number is Not Acceptable) | | | |
| SUITE | | | 83 | 83 | | | | |
| | ONTE SPRINGS FL 32701 | | | | | | | |
| ALIAM | ONIE SPINIOS PE 32701 | | 84 | City | | FL | 85 2 | Zip Code |
| 11 Pursuant to | the provisions of Sections 607.0502 | and 607 1509. Florida Statut | es the above n | anian convers | ution submits this statement for the | ournose of ch | anging its | registered office |
| or registere familiar with StGNATURE | ad agent, or both, in the State of Floric h, and accept the obligations of, Section Superure type to protect name of regerment agent | ta. Such change was authoriz on 607.0505, Florgia Statutes | ed by the corpo | eration's board | d of directors. Thereby accept the a | ppointment as | 8/9 (| ed agent. I am |
| 12. | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO C | FFICERS AN | DIRECT | ORS IN 12 |
| TITLE | PD | ☐ DELETE | 1 1 TIFLE | | | | ☐ Change | Addition |
| NAME | GOLUB, LINDA J | | 1.2 NAME | | | | | |
| STREET ADDRESS | 16001 ACORN CIRCLE | | 13 STREET | ADDRESS | | | | |
| CITY - ST - ZIP | TAVARES FL 32778 | | 1.4 C:TY - ST | - ZIP | | | | |
| TITLE | STD | ☐ DELETE | | | ☐ Change ☐ Addition | | | |
| NAME | MCDANIEL, ANN C | | 2.2 NAME | | | | | |
| STREET ADDRESS | 106 BOSTON AVENUE, SUI | | 2 3 STREET ADDRESS | | | | | |
| CITY+ST-ZIP ALTAMONTE SPRINGS FL 32701 | | | 2.4 CITY - ST | -ZIP | | | | |
| TITLE | | DEFEIE | 3 1 T-TLF | | | | Change | Addition |
| NAME | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | 33 STREET | ADDRESS | | | | |
| CITY - ST - ZIP | | | 3.4 CITY - ST | · ZiP | | | | |
| TITLE | | DELETE | 4 1 TifeF | | 7000018 | on nati | Change | Addition |
| NAME | | | 4.2 NAME | | -04/30/960 | 10110 | .⊃ : ⊃c | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | ***200.00 | 10110 | 20 | |
| CITY - ST - ZIP | | | 44 CHY ST | - ZIF | *************************************** | | | |
| TITLE | | ☐ DELETE | 5 1 TITLE | | | | Change | e Addition |
| NAME | | | 5.2 NAME | | | | | |
| STHEET ADDRESS | | | 5.3 STREET # | ADDRESS | | | | |
| CITY - ST - ZIP | | | 5.4 CHY-ST | · ŽIP | | | | |
| TITLE | | DELETE | 6 1 THE | | | | ☐ Change | Addition |
| NAMÉ | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 63 STREET | ADDRESS | | | | |
| CITY - ST - ZIP | | | 6.4 CHY-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)(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:

BATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 407-834-3279

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