

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000033901 (6)**

1. Corporation Name

**SUNRISE DAY TREATMENT CENTER, INC.**

Principal Place of Business

**3790 PINE ISLAND ROAD  
SUNRISE FL 33351**

Mailing Address

**2290 10TH AVE N  
602  
LAKE WORTH FL 33463  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>1025 First Ave North</b>		26 <b>1025 First Ave North</b>		04/25/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0578335	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 <b>St Petersburg FL</b>		28 <b>St Petersburg</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 <b>33705</b>		29 <b>33705</b>			
Country		Country			
25 <b>Pinellas</b>		30 <b>Pinellas</b>			

9. Name and Address of Current Registered Agent

**SCHWENCKE, KERRY R  
1645 PALM BEACH LAKES BLVD.  
SUITE 720  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	11 TITLE	<b>Director / President</b>
NAME	<b>HAMILTON, WILLIAM B</b>	12 NAME	
STREET ADDRESS	<b>2290 10TH AVE N., #602</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE WORTH FL</b>	14 CITY - ST - ZIP	
TITLE		21 TITLE	<b>Director / Managing</b>
NAME		22 NAME	<b>Joseph Kaplan</b>
STREET ADDRESS		23 STREET ADDRESS	<b>6807 Augusta Blvd</b>
CITY - ST - ZIP		24 CITY - ST - ZIP	<b>Seminole FL 33777</b>
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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:

**Joseph Kaplan** **JOSEPH KAPLAN** **4/23/98** **813951034**

CR2E034 (10/97)