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

PROFIT CORPORATION ANNUAL REPORT

1998



EVALUATION AND TREATMENT SERVICES, INC.

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000048186 (7)

FILED Mar 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
236 S PARK CIRCLE EAST 236 S PARK CIRCLE EAS						
ST AUGUSTINE FL 32086		ST AUGUSTINE FL 32086		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	3.7.02
					06/19/1995	
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	Applied For
21		[26]			59-3321699	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional
22		27			6. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6, Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	- Ζ φ	Country		This corporation owes or has paid the c	
24	25 g. Name and Address of Cu	29	30]		Personal Property Tax due June 30. 10 Name and Address of New Registered	Yes No
CF		Helit Registered Agent	81	Name	10. Name and Adoress of New Registered	a Agent
	LIG, KAREN 3 S PARK CIRCLE EAST		Ľ	1401110		
	AUGUSTINE FL 32086		82 Street		dress (P.O. Box Number is Not Acceptable)	
31	AUGUSTINE FL 32000		83			
			84	City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statut	les, the above	a-named co	progration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the S	itate of Florida. Such change was bligations of, Section 607,0505, Fr	authorized by	the corpor	ration's board of directors. I hereby accept the ap	ppointment as registered
SIGNATURE						
SIGNATORE	Signature, typind or printed name of registion		IE: Registered Age	nt signature rec	quired when reinstating) DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PTD PARCH	☐ DELETE	1.1 TITLE			Change Addition
NAME	BEAL MACCALL OF		1.2 NAME			
STREET ADDRESS	OT 41101107910 Pt 4444		1.3 STREET			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		
TITLE	MERWIN, JACK	C) perere	21 TITLE			Change Addition
NAME	6501 NASSAU ST		2.2 NAME			
STREET ADDRESS	CT ALICHICTINE EL COCCO		23 STREET		ja•	
CITY-ST-ZIP TITLE	DELETE		2 4 CITY - S	it - ZIP		Change Addition
NAME	•		3 1 TITLE 3 2 NAME			C Oliange C Nonline
STREET ADDRESS			32 NAME 33 STREET	ADDDCCC		
CITY - ST - ZIP			3.4. CITY-S	I		
TITLE	DELETE		4 1 TITLE	11-tiL		Change Addition
NAME		Amaz annu 16	4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.5 STREET	Ť		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S			
TITLE	The second secon	DELETE	6.1 TITLE			Change Addition
NAME		—	6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY CT 740			C A DOTH C	- 1		

14. Thereby 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 supplience at 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 of the receiver of flustee 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—grown attachment with an address.

3/5/98 (904) F24-7733