FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000076471 (8)**

1. Corporation Name
COMMUNITY THERAPY CENTERS INC.

Principal Place of Business
7653 LAKE WORTH RD.
LAKE WORTH FL 33467

Mailing Address
7653 LAKE WORTH RD.
LAKE WORTH FL 33467-2534

3. Date Incorporated or Qualified: **10/05/1995**
3a. Date of Last Report: **03/27/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26 7657 Lake Worth Road
Suite, Apt #, etc. — 22
Suite, Apt #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **65-0610940** — 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CARRAZANA, LUIS E
2025 LAVERS CIRCLE, D-207
SUITE 211
DELRAY BCH FL 33444

10. Name and Address of New Registered Agent
81 Name: Luis E Carrazana
82 Street Address (P.O. Box Number is Not Acceptable): 7657 Lake Worth Road
83
84 City: Lake Worth **FL** 85 Zip Code: 33467

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 of registered agent (printed name of reg. term agent name 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	VD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	COPENHAVER, PAUL	1.2 NAME	
STREET ADDRESS	8339 GARDEN GATE PLACE	1.3 STREET ADDRESS	7657 Lake Worth Rd
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Lake Worth Florida 33467
TITLE	PD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	DEGEORGE, JOSEPH	2.2 NAME	
STREET ADDRESS	9420 CALLIANDRA DR	2.3 STREET ADDRESS	7657 Lake Worth Rd
CITY-ST-ZIP	BOYNTON BCH FL	2.4 CITY-ST-ZIP	Lake Worth, Florida 33467
TITLE	SD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	CARRAZANA, LUIS	3.2 NAME	
STREET ADDRESS	2025 LAVERS CIRCLE D-207	3.3 STREET ADDRESS	7657 Lake Worth Rd
CITY-ST-ZIP	DELRAY BCH FL	3.4 CITY-ST-ZIP	Lake Worth, Florida 33467
TITLE	TD ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, RONALD	4.2 NAME	
STREET ADDRESS	109 STARLING AV	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DONAHUE, CYNTHIA	5.2 NAME	
STREET ADDRESS	667 EAGLE CIRCLE	5.3 STREET ADDRESS	7657 Lake Worth Rd
CITY-ST-ZIP	DELRAY BCH FL	5.4 CITY-ST-ZIP	Lake Worth, Florida 33467
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: Luis E Carrazana — LUIS E CARRAZANA — 3/18/97 — (561) 642-6836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0331246