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PROFIT CORPORATION ANNUAL REPORT 1998

CITY-ST-ZIP

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Jan 28 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600043305 (7)

ECONOMIC OPPORTUNITY TREATMENT SERVICES, INC.

Principal Place of Business Mailing Address 5361 N.W. 22ND AVENUE 5361 N.W. 22ND AVENUE MIAMI FL 33142 MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0722429 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GRIFFITH, ROOLPH D 9245 S.W. 157TYH STREET Street Address (P.O. Box Number is Not Acceptable) **SUITE 203** 83 MIAMI FL 33157 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 trie if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE BROWN, WILLIE L 1.2 NAME NAME 5361 N.W. 2ND AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP 1.4 CITY-ST-ZIP SVT DELETE Change Addition TITLE 2.1 TITLE BROWN, WILLIE L NAME 2.2 NAME 5361 N.W. 2ND AVENUE STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33142** 2. 4 CITY - ST- ZIP TITLE DELETE 3.1 TITLE Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP Change TITLE DELETE 5.1 TITLE ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(1)Y-ST-ZIP DELETE Change Addition TITLE 6.1 TITL€ 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS

6.4 CITY - ST- ZIP

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 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 albeitment with an address.