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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 11 1998 8:00am

Secretary of State

305-223-3100

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000066220 (0)

D.T.C. DAY TREATMENT CENTER, INC.

Principal Place of Business		Mailing Address	Mailing Address		) (ABUTTABI TIR JANE BILLI BALLI BALLI BALLI BALLI BALLI BILLI BILLI BILLI BALLI BALLI BILLI BALLI BALLI BALLI
1405 SW 107 AVE		1405 SW 107 AVE			
208A		208A			DO NOT WRITE IN THIS SPACE
MIAMI FL 33174 US		MIAMI FL 33174 US	MIAMI FL 33174		3. Date Incorporated or Qualified
00		US			·
2. Principal P	2a. Mailing Address			08/08/1996 4. FEI Number   Applied For	
21		— ·	26		65-0686181 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			S8 75 Additional
22		27	·]		5. Certificate of Status Desired Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	8		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Zip Country		8. This corporation owes or has paid the current year Inlangible
24 25		29	30		Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent					
METSCH, BENJAMIN			61	Name	
1	W. FLAGLER ST., STE. 416		82	Street A	Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33130				<del> </del>	
ļ			83		
			84	City	85 Zip Code
44		1500 1 007 4500 Ft - 1 1 0 0 1		l	FL 63 Zip Code
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	ate of Florida. Such change was :	tes, the abov authorized b	e-named c y the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as 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 (NO1E: Registered Agent signature required when reinstating)  DATE					
12.		AND DIRECTORS	13,	ent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	GARCIA, ENRIQUE A		1.2 NAME	1	·
STREET ADDRESS	9748 SW 154 CT		1.3 STREE	ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CiTY-	1	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, VERENA F		22 NAME		
STREET ADDRESS	9748 SW 154 CT		2.3 STREE	ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-	ST-ZIP	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	ADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	1	
CITY-ST-ZIP		T brierr	4.4 CITY-5	1- ZIP	[ Ab [ ]
TITLE		☐ DELETE	5.1 TITLE	j	☐ Change ☐ Addition
NAME			5.2 NAME	ļ	
STREET ADDRESS			5.3 STREET		
CITY-ST-ZIP	<del></del>	DELETE	5.4 CITY - 1	IT- ZIP	Change Addition
TITLE		- pricic	6.1 TITLE		C Cutalige C Addition
NAME Street address			6.2 NAME	ADDRESS	
· · · · ·			6 3 STREET	J	
14. I hereby c	ertify that the information supplied	with this filing does not qualify to	64 CITY-S or the exemp	tion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
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 supplemented family open its 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 faceiver of incustee shippowered 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 one at alternation with an address.					
Block 12 or Block 13 if changed, or op at attachment with an address.					