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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 28 1998 8:00am

Secretary of State

1811 DUIR OR 213-526-6215

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000076633 (1)

WOCH TEDIGA

EUROPEAN TREATMENT CENTER INC.

Principal Place of Business Mailing Address				{		
· · · · · · · · · · · · · · · · · · ·						
1050 STARKEY RD. UNIT 201 1050 STARKEY RD. UNIT LARGO FL 33771 LARGO FL 33771			T 201			
LANGO PE 33771		DINGO FL 33771		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					09/02/19970 /	^
2, Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			1 59-3465	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apl. #, etc.				CO 75 Additional
27		27			5. Certificate of Status Desired	Fee Required
City & State City & State					6, Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Ζip	Countr	у	8. This corporation owes or has pa	id the current year Intangible
24	25	29	30		Personal Property Tax due June	
	g, Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent
PASEK, MICHAEL D				Name DA	SEK, MICHAEL I	0
8800 49TH ST N, SUITE 409			02	82 Street Address (P.O. Box Number is Not Acceptable)		
PINELLAS PARK FL 33782			02	. Oreer Addre	55 (F.O. DOX NUMBER IS NOT ACCEPTAGE	no y
1			B3	1285	1 8511 110011	
			ļ	700	1 85th Avenue	
			84	IMI Full	FLLAS PAOK	FI 85 ずらずり1
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statu	ites, the abov	re-named corpo	pration submits this statement for the p	outpose of changing its registered
office or re	egistered agent, or both, in the State of	of Florida. Such change was	authorized b	y the corporation	on's board of directors. I hereby accep	ot the appointment as registered
1	iff latimal with, and accept the obliga	iions or, section bor 0505, F	ionua statule	15.		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NO	It: Registered Ap	ent signature require	d when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 YITLE			Change Addition
NAME	WLOCH, TERESA A		1.2 NAME	Ī		
STREET ADDRESS	1050 STARKEY RD, UNIT 201		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	LARGO FL 33771		1.4 CITY -	ST-ZIP		
TITLE	Ď	DELETE	2.1 TrTLE			Change Addition
NAME	WLOCH, PIOTR V		2.2 NAME			•
STREET ADDRESS	1050 STARKEY RD, UNIT 201		2.3 STREE	T ADDRESS		j
CITY-ST-ZIP	LARGO FL 33771		2 4 GHY-	1	. •	
TITLE	- 4100 1 C 00111	DELETE	3.1 TITLE	01.411		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			- 1	T ADDRESS		5
CITY-ST-ZIP			3.4. CITY-	i i		
TITLE		DELETE	4.1 TITLE	21.74.		Change Addition
NAME		E-1 Section	4. 2 NAME			E CHANGE E COURTE
i - 1						j
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-1	ST-ZIP		Change Addition
TITLE			5.1 TITLE	į.		C Grange C Audition
NAME			5.2 NAME			
STREET ADDRESS				I ADDRESS		1
CITY-ST-ZIP		T of the	5.4 CITY-!	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	T AODRESS		

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.