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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000076633**1. Corporation Name

EUROPEAN TREATMENT CENTER INC.

Principal Place of Business							
1050 STARKEY RD. UNIT 201							
LADCO EL 22771							

Mailing Address

1050 STARKEY RD. UNIT 201 **LARGO FL 33771**

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90018 032 ***150.00

09/02/1997



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

O Driveigal Ble	and of Business	2a. Mailing Address			4. FEI Number	App	lied For	
- i '	Place of Business 2a. Mailing Address 2b. 2a.				59-3465210		Applicable	
21					_	\$8.75 A	ditional	
—	7				5. Certifcate of Status Desired	Fee Rec	uired	
0::10:1				6. Election Campaign Financing		\$5.00 N	Aav Be	
					Trust Fund Contribution	Added to		
23	Country	Country Zip C			8. This corporation owes the current year	r Intangible		
Zip — T			30		Personal Property Tax.			
24 25 29 3 9. Name and Address of Current Registered Agent			- T	10. Name and Address of New Registered Agent				
	9. Name and Address of Control	. regional right	81	Name				
PASEK, MICHAEL D 4851 85TH AVENUE PINELLAS PARK FL 33781				Co. A. A. M. Law (D. O. Bay Myrahar is Not Assessable)				
				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
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			84	City	in the second of	85 Zíp C	ode	
			- 45 5		•		registered	
- 45 ac cr	agistored agant or both in the State	of Florida Such change was al	unonzeu dy	tile colpoiati	poration submits this statement for the purpos on's board of directors. I hereby accept the a	pointment as reg	istered	
agent. I ai	m familiar with, and accept the obliga	itions of, Section 607.0505, Flor	ida Statutes	•	-		.	
SIGNATURE					DATE		·	
	Signature, typed or printed name of registered age			t signature require	ADDITIONS/CHANGES TO OFFICERS		RS IN 12	
12.		ND DIRECTORS	13.	Γ.		☐ Change	Addition	
TITLE	D	☐ DELETE				, _ •	_	
NAME	WLOCH, TERESA A		1.2 NAME					
STREET ADDRESS	1050 STARKEY RD, UNIT 201			ADDRESS				
CITY-ST-ZIP	LARGO FL 33771		1.4 CITY-S	T-ZIP		Change	Addition	
TITLE	D	☐ DELETE	2.1 TITLE			L.J Onlango		
NAME	WLOCH, PIOTR V	•	2.2 NAME					
STREET ADDRESS	1050 STARKEY RD, UNIT 201		2.3 STREE	ADDRESS	•			
CITY-ST-ZIP	LARGO FL 33771		2. 4 CITY-S	T-ZIP		F7.05	Addition	
TITLE		☐ DELETE	3.1 TITLE	1	•	Change	. Yadinon }	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS	ちゃんいちが落れて	an 15/3 6/6 4/14	103000	
CMY-ST-ZIP			3.4. CITY-5	T-ZIP			(a) (a)	
TITLE		☐ DELETE	4.1 TITLE			Change]	Account	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5,1 TITLE		•	☐ Change	☐ Addition	
NAME			5.2 NAME		Control Co.			
STREET ADDRESS			5.3 STREE	T ADDRESS			ĺ	
CITY-ST-ZIP	:		5.4 CfTY-S	T-ZIP	<u> </u>			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME				-	
STREET ADDRESS		•	6.3 STREE	TADORESS				
			6.4 CITY-S	T-ZIP				
CITY-ST-ZIP	cortify that the information supplied v	vith this filing does not qualify for			Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the in	nformation	

Indicated on this annual report or supplied with this limits does not quality for the exemption stated in Section 19.07(5)(f), I fortida Statutes. I have a few indicated on this annual report is rule 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 chapted, or on an attachment with an address, with all other like empowered.