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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S02390** (0)

1. Corporation Name

**PARK PLACE THERAPEUTIC CENTER, INC.**



Principal Place of Business

**301 NW 84 AVE  
PLANTATION FL 33324**

Mailing Address

**301 NW 84 AVE  
PLANTATION FL 33324**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

**33318-6270**

30

9. Name and Address of Current Registered Agent

**KNIGHT, JAY L.  
301 NW 84 AVE  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 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 title if applicable)

(NOTE: Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**DV  
MAY, MARTIN M.  
201 NW 82ND AVE STE 404  
PLANTATION FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**DT  
MAY, GEORGE M.  
201 NW 82ND AVE STE 404  
PLANTATION FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**DS  
LAZAR, ALAN M.  
201 NW 82ND AVE STE 404  
PLANTATION FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**DAT  
HALE, MARTIN M.  
201 NW 82ND AVE STE 404  
PLANTATION FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**P  
KNIGHT, JAY L.  
201 NW 82ND AVE STE 404  
PLANTATION FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

475-4500

Date

Telephone

CR2E034 (12/95)