

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V61354** (9)

1. Corporation Name

PARK PLACE THERAPEUTIC CENTER II, INC.



Principal Place of Business

**301 NW 84TH AVE
PLANTATION FL 33324**

Mailing Address

**301 NW 84TH 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

PO Box 16270

Suite, Apt. #, etc.

27

City & State

28

PLANTATION, FL

Zip

29

33318-6270

Country

30

3. Date Incorporated or Qualified

09/02/1992

3a. Date of Last Report

03/21/1995

4. FEI Number

65-0364628

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KNIGHT, JAY L
301 NW 84TH AVE
PLANTATION FL 33312**

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 how it applies

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

**MAY, MARTIN M
301 NW 84 AVE
PLANTATION FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

**LAZAR, ALAN
301 NW 84 AVE
PLANTATION FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

**HALE, MARTIN E
301 NW 84 AVE
PLANTATION FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**RUSH, JOEL L
301 NW 84 AVE
PLANTATION FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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

Daytime Phone #

CR2E034 (12/95)