

DOCUMENT WILL BE RETURNED TO NAME AND MAILING ADDRESS INDICATED IN THE BOX BELOW. Include name, street and number (or P.O. box), city, state and ZIP code.

Name of person or organization remitting fees:

Preparer's name and business telephone number:

()

Judy Kramer
Harris, Guenzel, Meier & Nichols
121 W. Washington St., Suite 300
Ann Arbor, MI 48104

INFORMATION AND INSTRUCTIONS

1. This form is issued under the authority of Act 284, P.A. of 1972, as amended, and Act 162, P.A. of 1982, as amended. The certificate of change of registered office and/or change of resident agent cannot be filed until this form, or a comparable document, is submitted.
2. Submit one original copy of this document. Upon filing, a microfilm copy will be prepared for the records of the Corporation and Securities Bureau. The original copy will be returned to the address appearing in the box above as evidence of filing.
Since this document must be microfilmed, it is important that the filing be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.
3. This document is to be used pursuant to section 242 of the Act by domestic profit and nonprofit corporations for the purpose of changing their registered office or resident agent, or both. Changes of the registered office and/or resident agent for Foreign corporations must be made by filing an Amended Application for Certificate of Authority to Transact Business in Michigan.
4. Item 2 — Enter the identification number previously assigned by the Bureau. If this number is unknown, leave it blank.
5. Item 3 — The address of the registered office and the name of the resident agent must be the same as are designated in the articles of incorporation or subsequent change filed with the Bureau.
6. Item 4 — A post office box may not be designated as the address of the registered office.
7. This certificate must be signed in ink by the president, vice-president, chairperson, vice-chairperson, secretary or assistant secretary of the corporation.
8. FEES: Filing fee (Make remittance payable to State of Michigan) \$ 5.00

9. Mail form and fee to:
Michigan Department of Commerce
Corporation and Securities Bureau
Corporation Division
P.O. Box 30054
Lansing, Michigan 48909
Telephone: (517) 373-0493

MICHIGAN DEPARTMENT OF COMMERCE
CORPORATION AND SECURITIES BUREAU
P.O. BOX 30057, LANSING, MI 48909
TELEPHONE: (517) 334-8300

1991
MICHIGAN
ANNUAL REPORT
NONPROFIT CORPORATIONS

FOR OFFICE USE ONLY

912BH7145 1009 H-MAR \$10.00

Required by Section 911, Act 162, Public Acts of 1982, as amended. Failure to file this report may result in the dissolution of the corporation.

READ INSTRUCTIONS ON REVERSE SIDE

CORPORATION NUMBER 902013

This Report must be filed on or before October 1, 1991.

If the Resident Agent or the Registered Office has changed enter the corrections below and add \$5.00 to the \$10.00 filing fee. Make remittance payable to "State of Michigan".

1. Corporate Name STRAIGHT, INC. 3001 GANDY BLVD. ST. PETERSBURG FL 33702		1a. Mailing address of registered office if different than 1	
2. Resident Agent JUDITH PRESLAR		2a. Resident Agent if different than 2	
3. Registered Office Address in Michigan - NO., STREET, CITY, 42320 ANN ARBOR RD. PLYMOUTH 48170		3a. Address of registered office if different from 3 - NO., STREET, CITY, ZIP	
4. Federal Employer No. 59-2576433	5. Term of Existence (if not perpetual) PERPETUAL	6. The Act Under Which Incorporated (if other than 1931, P.A. 327 or 1982, P.A. 162) Chapter 617, Florida Statutes	
7. State of incorporation FL	8. Incorporation Date 09/26/85	9. Date of Admittance (Foreign Corporation) 01/15/1987	
10. The authorized capital stock value (if any): \$ None	10a. Number of shares: None	11. The value of all real and personal property and cash owned at the time of filing this report (if none enter "none"): \$ None	
12. State the purpose of the corporation and the nature and kind of business in which the corporation has engaged during the year covered by this report: Substance abuse treatment program for adolescents and their families.			
13. What, if any, distribution of funds has been made to any members or shareholders during the year covered by this report. Explain your answer (if none enter "none"): None			
14. A statement of the aggregate amount of any loans, advances, overdrafts or withdrawals and repayments thereof made to or by officers, directors, members, or shareholders of the corporation otherwise than in the ordinary and usual course of business of the corporation and on the ordinary and usual terms of repayment and security at the time of filing. Explain your answer (if none enter "none"): None			
15. Corporate Officers and Directors - As of October 1, 1991 (Name, Street Address, City, State, ZIP Code)			
If different than officers	President	Wesley Pennington, 442 Raymond Avenue, Longwood, FL 32750	
	Secretary	Guy Perenich, Esq., 1875 N. Belcher Road, Suite 201 Clearwater, FL 34625	
	Treasurer	Elliott L. Carr, Sr., 296 Mirror Lake Drive, St. Petersburg, FL 33701	
If different than President	Director	Bruce A. Epstein, M.D., 9005 Baywood Park Drive, Seminole, FL 34647	
	Director	Herbert Goldstein, Ph.D., 933 Oleander Way S., St. Petersburg, FL 33707	
	Director	Wm. F. Mallette, M.D., 8229 22nd Avenue N., St. Petersburg, FL 33710	
	Director	Myron J. Mensh, Esq., 5263 Central Avenue, St. Petersburg, FL 33710	

FOR OFFICE USE ONLY

The Corporation states that the address of its registered office and the address of the business office of its resident agent are identical. Any changes were authorized by resolution duly adopted by its board of directors.

Signed this 18th day of September, 19 91
By [Signature]
(Signature of Authorized Officer or Agent) * **SEP 30 1991**

* If the Resident Agent or Registered Office has changed, this report must be signed by either the President, Vice-President, Chairperson, Vice-Chairperson, Secretary, or Assistant Secretary of the corporation.

CHIEF FINANCIAL OFFICER

(Type or Print Name and Title)

FILED BY DEPARTMENT: OCT 16, 1991