

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

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # F96000002223 (3)**  
 1. Corporation Name  
**SOUTHEASTERN THERAPISTS, INC.**



Principal Place of Business: **PO BOX 4949 ALBANY GA 31708**  
 Mailing Address: **PO BOX 4949 ALBANY GA 31706-4949**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **05/03/1996**  
 3a. Date of Last Report: [Blank]  
 4. FEI Number: **58-2182148**  
 5. Certificate of Status Desired:  Applied For,  Not Applicable  
 6. Election Campaign Financing:  **\$8.75 Additional Fee Required**  
 7. 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  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)  
 81 Name: [Blank]  
 82 Street Address (P.O. Box Number is Not Acceptable): [Blank]  
 83 [Blank]  
 84 City: [Blank] FL 85 Zip Code: [Blank]

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Designated Agent signature required when consulting)

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	PALAZZOLO, JAMES	
STREET ADDRESS	2520 PHEASANT AVE	
CITY-ST-ZIP	ALBANY GA 31710	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASTLE, CRAIG	
STREET ADDRESS	2506 SAILOR'S WAY	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, EARL	
STREET ADDRESS	1555 DOGWOOD LN	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CASTLE, TIMOTHY	
STREET ADDRESS	818 S COLLEGE AVE	
CITY-ST-ZIP	DOUGLAS GA	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	TUTTLE, KIM	
STREET ADDRESS	RT 2 BOX 864	
CITY-ST-ZIP	RIDGELAND SC 29936	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tuttle, Kim	
1.3 STREET ADDRESS	RT 2 Box 864	
1.4 CITY-ST-ZIP	Ridgeland SC 29936	
2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVEY, ANDREW	
2.3 STREET ADDRESS	1072 Seabawk Dr. E.	
2.4 CITY-ST-ZIP	Ponte Vedra, FL 32082	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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

SIGNATURE: *Andrew J. Davey, Andrew J. Davey, 4/25/97 (904) 791-4754*

CR2E034 (9/96)