

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0120242

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

99 JAN -6 PM 3:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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



Principal Place of Business Mailing Address
 13475 HWY. 32 WEST 13475 HWY. 32 WEST
 AMBROSE GA 31512 AMBROSE GA 31512

REINSTATEMENT

98-99
 CTD

3. Date Incorporated or Qualified
 05/03/1996
 4. FEI Number
 58-2182148 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 438 Osceola Ave 26 P.O. Box 72105
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 Jacksonville Beach FL 27 Albany GA
 City & State City & State
 24 33050 25 USA 29 31708 30 USA
 Zip Country Zip Country

9. Name and Address of Current Registered Agent
 CASTLE, CRAIG A
 2506 SAILORS WAY
 NAPLES FL 34109

10. Name and Address of New Registered Agent
 81 Name Cyndi Felber
 82 Street Address (P.O. Box Number is Not Acceptable)
 * 4542 Danon's Walk CT
 83 *
 84 City Jacksonville FL 85 Zip Code 32258

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] DATE 1/4/99

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	DT	<input checked="" type="checkbox"/> DELETE
NAME	DAVEY, ANDLEY	
STREET ADDRESS	1072 SEAHAWK DR E	
CITY-ST-ZIP	PONTE VEDRA FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CASTLE, TIMOTHY	
STREET ADDRESS	818 S COLLEGE AVE	
CITY-ST-ZIP	DOUGLAS GA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TUTTLE, KIM	
STREET ADDRESS	RT 2 BOX 864	
CITY-ST-ZIP	RIDGELAND SC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	7000002743527
1.3 STREET ADDRESS	01/15/99-01030-0223
1.4 CITY-ST-ZIP	****758.75 ****758.75
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DT
3.2 NAME	ROSE PALAZZOLO
3.3 STREET ADDRESS	2520 PHEASANT DR
3.4 CITY-ST-ZIP	ALBANY GA 31701
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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] ROSE PALAZZOLO CFO 12/2/98 912 438 0352

CR2E034 (5/98)