FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **K35148** **(1)**

1. Corporation Name

THERAPY ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1505 NW 16TH AVE GAINESVILLE FL 32605 US	1505 NW 16TH AVE GAINESVILLE FL 32605 US

2. Principal Place of Business
21 805 NW 13 Avenue
Suite, Apt. #, etc.
22
City & State
23 Gainesville, FL
24 Zip 32601
25 Country Alachua

2a. Mailing Address
26 P.O. Box 14443
Suite, Apt. #, etc.
27
City & State
28 Gainesville, FL
29 Zip 32604
30 Country Alachua

3. Date Incorporated or Qualified: **09/22/1988**

3a. Date of Last Report: **04/21/1995**

4. FEI Number: **59-2917375** ☐ 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**

CHRISTMANN, THOMAS G.
527 E. UNIVERSITY AVE.
P.O. BOX 1070
GAINESVILLE FL 32601

10. **Name and Address of New Registered Agent**

81 Name Bruce Brashear
82 Street Address (P.O. Box Number is Not Acceptable) 527 E. University Ave
83 P.O. Box 1070
84 City Gainesville FL 85 Zip Code 32602

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 title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	STAPLES, MARCIA B.	
STREET ADDRESS	1505 NW 16TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DVP	☒ DELETE
NAME	SACK, BRUCE	
STREET ADDRESS	1505 NW 16TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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: Marcia B. Staples OTR/L 3-20-96 (904)375-6890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)