

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

FILED

**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K53885 (5)
1. Corporation Name
PARENTAL THERAPY ASSOCIATES, INC.



Principal Place of Business Mailing Address
**380 S. NORTHLAKE BLVD.
SUITE 1032
ALTAMONTE SPRINGS FL 32701
US**

3. Date Incorporated or Qualified **12/28/1988** 3a. Date of Last Report **05/01/1996**
4. FEI Number **59-2920860** 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

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**MACLEAY, MICHAEL R.
500 WINDERLEY PLACE
STE 224
MATLAND FL 32751**

10. Name and Address of New Registered Agent
81 Name **Phalin, Lawrence J**
82 Street Address (P.O. Box Number is Not Acceptable) **225 E Robinson St Suite 600**
83
84 City **Orlando** FL 85 Zip Code **32801**

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 *James* (NOTE: Registered Agent signature required when re-filing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|--|
| TITLE VP | <input type="checkbox"/> DELETE | 1.1 TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MACLEAY, MICHAEL R. | | 1.2 NAME | |
| STREET ADDRESS 500 WINDERLEY PLACE STE 224 | | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP MATLAND FL | | 1.4 CITY - ST - ZIP | |
| TITLE P | <input type="checkbox"/> DELETE | 2.1 TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME VOGT, STEPHEN C. | | 2.2 NAME | |
| STREET ADDRESS 500 WINDERLEY PLACE STE 224 | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP MATLAND FL | | 2.4 CITY - ST - ZIP | |
| TITLE VP | <input type="checkbox"/> DELETE | 3.1 TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GARNER, H. STEPHEN | | 3.2 NAME | |
| STREET ADDRESS 500 WINDERLEY PLACE STE 224 | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP MATLAND FL | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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: *Michael R. MacLeay* **Michael R. MacLeay** 2/4/97 407-660-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)