FILE NOW: FILING FEE AFTER MAY 1 IS $55[redacted]0

FILED
Jun 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT[redacted] STATE
Sandra B. Mort[redacted]n
Secretary of St[redacted]
DIVISION OF CORPO[redacted]IONS

DOCUMENT # **P95000013912 (7)**

1. Corporation Name
SPECIALTY THERAPY SERVICES, INC.

Principal Place of Business	Mailing Address
3275 W. HILLSBORO ROAD SUITE 207 DEERFIELD BEACH FL 33442	3275 W. HILLSBORO ROAD SUITE 207 DEERFIELD BEACH FL 33442-9410

3. Date Incorporated or Qualified: 02/20/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0557475 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MILLER, ALAN I
3275 W. HILLSBORO ROAD
SUITE 207
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name: Michaele Morrison
82 Street Address (P.O. Box Number is Not Acceptable): 8551 W. Sunrise Blvd.
83 #200
84 City: Plantation FL 85 Zip Code: 33322

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: Michaele A. Morrison
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☐ Change ☑ Addition
NAME	MILLER, ALAN M.D.		1.2 NAME	Michaele Morrison	
STREET ADDRESS	3275 W. HILLSBORO ROAD		1.3 STREET ADDRESS	8551 W. Sunrise Blvd #200	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP	Plantation, FL 33322	
TITLE	TS	☒ DELETE	2.1 TITLE		☐ Change ☑ Addition
NAME	MITCHELL, WALLACE		2.2 NAME		
STREET ADDRESS	3275 W HILLSBORO BLVD SUITE 207		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE	V	☐ Change ☑ Addition
NAME	LESLIE, LAZARUS		3.2 NAME	Lawrence Schindler	
STREET ADDRESS	3275 W HILLSBORO BLVD SUTIE 207		3.3 STREET ADDRESS	8551 W. Sunrise Blvd #200	
CITY-ST-ZIP	DEERFIELD BEACH FL		3.4 CITY-ST-ZIP	Plantation, FL 33322	
TITLE		☐ DELETE	4.1 TITLE	TS	☐ Change ☒ Addition
NAME			4.2 NAME	Blanca Santos	
STREET ADDRESS			4.3 STREET ADDRESS	9350 S. Dixie Hwy. #1220	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Miami, Florida 33156	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [illegible]