

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

DOCUMENT # 365061 (1)

1. Corporation Name

DEPAULIS THERAPY EQUIPMENT CO.



Principal Place of Business

1844 W FAIRBANKS AVE
WINTER PARK FL 32789

Mailing Address

1844 W FAIRBANKS AVE
WINTER PARK FL 32789

3. Date Incorporated or Qualified
06/03/1970

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, 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

10. Name and Address of New Registered Agent

DEPAULIS, LUCY
2211 POINSETTIA DR
LONGWOOD FL 32779

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when name change.)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD
NAME DEPAULIS, LUCY
STREET ADDRESS 2211 POINSETTIA DR
CITY- ST- ZIP LONGWOOD, FL 32750

☐ DELETE

TITLE PCD
NAME DEPAULIS, ANTHONY
STREET ADDRESS 2211 POINSETTIA DR
CITY- ST- ZIP LONGWOOD, FL 32750

☐ DELETE

TITLE DV
NAME DEPAULIS, DONALD
STREET ADDRESS 14372 STAMFORD CIRCLE
CITY- ST- ZIP ORLANDO FL

☐ DELETE

TITLE V
NAME DEPAULIS, JOSEPH
STREET ADDRESS 2220 POINSETTIA CR.
CITY- ST- ZIP LONGWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2: P: 32779

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

2: P: 32779

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

2: P: 32826

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

2: P: 32779

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 407-645-2090

CR2E034 (12/95)