

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 719414 (5)
1. Corporation Name
PROFESSIONAL THERAPY CENTERS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 3: 12

Principal Place of Business Mailing Address
7537 FOREST OAKS BLVD.
P. O. BOX 6239
SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/29/1970** 3a. Date of Last Report **04/25/1994**
4. FBI Number **59-1347764** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
JOHNSTON JR, JOSEPH
29 S BROOKSVILLE AVE
BROOKSVILLE FL

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SHIELDS DON P.O. BOX 10070 ., 221163 SNOW HILL RD. BROOKSVILLE FL 34601-0070	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CARIO, JEFFREY 2154 Mariner Boulevard Spring Hill, FL 34606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CARIO JEFFREY 2154 MARINER BOULEVARD SPRING HILL FL 34606	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TRACY, DEBORAH 10019 Twelve Oaks Court Brooksville, FL 34613-4294
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TATAR PETER P.O. BOX 156., 1289 BENTLEY AVE. BROOKSVILLE FL 34605-0156	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD SCHNEIDER, ROBERT 7353 Dogwood Crescent Spring Hill, FL 34607-2315
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD TRACY DEBORAH H., DR. 10019 TWELVE OAKS COURT BROOKSVILLE FL 34613-4294	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD STOCKTON, JOAN 7158 Toledo Road Spring Hill, FL 34606
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Jeffrey Cario** 1/26/95 904-688-0700
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Number