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 # **F50831** **(9)**

1. Corporation Name
PRACTICE MOTIVATION, INC.

Principal Place of Business
10812 GANDY BLVD. N
ST. PETERSBURG FL 33702
US

Mailing Address
10812 GANDY BLVD. N.
ST PETERSBURG FL 33702
US

3. Date Incorporated or Qualified: 10/22/1981
3a. Date of Last Report: 01/26/1995
4. FEI Number: 59-2143464 ☐ 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
21 7777 - 131 ST. N.
Suite, Apt. #, etc.
22 STE 12
City & State
23 SEMINOLE, FL
Zip
24 34646
Country
25

2a. Mailing Address
26 7777 - 131 ST. N.
Suite, Apt. #, etc.
27 STE 12
City & State
28 SEMINOLE, FL
Zip
29 34646
Country
30

9. Name and Address of Current Registered Agent

FERNANDEZ, PETER G
10812 GANDY BLVD, NORTH
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7777 - 131 ST. N.
83 STE 12
84 City SEMINOLE FL
85 Zip Code 34646

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	P	☐ DELETE
NAME	FERNANDEZ, CATHY	
STREET ADDRESS	10812 GANDY BLVD, N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VTD	☐ DELETE
NAME	FERNANDEZ, PETER G.	
STREET ADDRESS	10812 GANDY BLVD, N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	C	☐ DELETE
NAME	FERNANDEZ, PETER G.	
STREET ADDRESS	10812 GANDY BLVD, N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	AS	☐ DELETE
NAME	CARBONNEAU, VALERIE	
STREET ADDRESS	10812 GANDY BLVD, N	
CITY-ST-ZIP	ST. PETERSBURG FL	
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	7777 - 131 ST. N. STE 12	
1.4 CITY-ST-ZIP	SEMINOLE, FL 34646	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	7777 - 131 ST. N. STE 12	
2.4 CITY-ST-ZIP	SEMINOLE, FL 34646	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	7777 - 131 ST. N. STE 12	
3.4 CITY-ST-ZIP	SEMINOLE, FL 34646	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	7777 - 131 ST. N. STE 12	
4.4 CITY-ST-ZIP	SEMINOLE, FL 34646	
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: VALERIE CARBONNEAU 5-15-96 813-392-0822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)