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

FILED
Jul 01 1996 8:00 am
Secretary of State

DOCUMENT # **F95000002792 (8)**

1. Corporation Name
SUMMIT THERAPY SERVICES, INC.

Principal Place of Business
14802 NORTH DALE MABRY, SUITE 200
TAMPA FL 33618

Mailing Address
14802 NORTH DALE MABRY, SUITE 200
TAMPA FL 33618

3. Date Incorporated or Qualified: 06/09/1995
3a. Date of Last Report:

21 2. Principal Place of Business:
22 Suite, Apt. #, etc.: 14802 N. Dale Mabry #300
23 City & State:
24 Zip:
25 Country:

26 2a. Mailing Address:
27 Suite, Apt. #, etc.: 14802 N Dale Mabry #300
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 81-0472117 — 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

9. **Name and Address of Current Registered Agent**
TANKEL, ROBERT L ESQUIRE
BECKER & POLIAKOFF, P.A.
33 NORTH GARDEN AVENUE, SUITE 960
CLEARWATER FL 34615

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
Signature, typed or printed name of Registered Agent (if not the undersigned) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	☐ DELETE	1.1 TITLE	P/C	☒ Change ☐ Addition
NAME	GOEBEL, PAUL		1.2 NAME	Paul Goebel	
STREET ADDRESS	14802 NORTH DALE MABRY, STE. 200		1.3 STREET ADDRESS	14802 N Dale Mabry, Suite 300	
CITY-ST-ZIP	TAMPA FL 33618		1.4 CITY-ST-ZIP	Tampa, FL 33618	
TITLE	VVC	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	HANSEN, TODD		2.2 NAME	Jerry Goebel	
STREET ADDRESS	14802 NORTH DALE MABRY, STE. 200		2.3 STREET ADDRESS	14802 N. Dale Mabry, Suite 300	
CITY-ST-ZIP	TAMPA FL 33618		2.4 CITY-ST-ZIP	Tampa, FL 33618	
TITLE	DST	☐ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	GOEBEL, JERRY		3.2 NAME	Karen Goebel	
STREET ADDRESS	14802 NORTH DALE MABRY, STE. 200		3.3 STREET ADDRESS	14802 N Dale Mabry, Suite 300	
CITY-ST-ZIP	TAMPA FL 33618		3.4 CITY-ST-ZIP	Tampa, FL 33618	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	Dave Millard	
STREET ADDRESS			4.3 STREET ADDRESS	2120 Heights Drive	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Eau Claire, WI 54701	
TITLE		☐ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME			5.2 NAME	Michelle Berube	
STREET ADDRESS			5.3 STREET ADDRESS	14802 N Dale Mabry, Suite 300	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Tampa, FL 33618	
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 (12/95)

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: June 25 813 264.0520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #