

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000004781 (9)

1. Corporation Name

CALIFORNIA THERAPY ASSOCIATES, INC.

Principal Place of Business

Mailing Address

2220 E ALOSTA #205
GLENORA CA 91740

2220 E ALOSTA #205
GLENORA CA 91740-4694



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1995		3a. Date of Last Report 04/19/1996	
21		26		4. FEI Number 95-4179027		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, JAMES
689 5TH AVE N
NAPLES FL 33940

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAXSON, SHARON E	1.2 NAME	
STREET ADDRESS	2220 E ALOSTA #205	1.3 STREET ADDRESS	
CITY-ST-ZIP	GLENORA CA 91740	1.4 CITY-ST-ZIP	
TITLE	DCV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMSON, JAMES W	2.2 NAME	
STREET ADDRESS	2220 E ALOSTA #205	2.3 STREET ADDRESS	
CITY-ST-ZIP	GLENORA CA 91740	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAXSON, BARBARA W	3.2 NAME	
STREET ADDRESS	2220 E ALOSTA #205	3.3 STREET ADDRESS	
CITY-ST-ZIP	GLENORA CA 91740	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

[Signature]

Feb 14 1997 (810) 962-3181

CR2E034 (9/96)