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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997

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

DOCUMENT # F95000004781 (9)

1. Corporation Name

CALIFORNIA THERAPY ASSOCIATES, INC.

Principal Place of Business

2220 E ALOSTA #205  
GLENDOURA CA 91740

Mailing Address

2220 E ALOSTA #205  
GLENDOURA CA 91740-4694

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	DCP PAXSON, SHARON E 2220 E ALOSTA #205 GLENDOURA CA 91740	<input type="checkbox"/> DELETE	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCV THOMSON, JAMES W 2220 E ALOSTA #205 GLENDOURA CA 91740	<input type="checkbox"/> DELETE	2.1. TITLE 2.2. NAME 2.3. STREET ADDRESS 2.4. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAXSON, BARBARA W 2220 E ALOSTA #205 GLENDOURA CA 91740	<input type="checkbox"/> DELETE	3.1. TITLE 3.2. NAME 3.3. STREET ADDRESS 3.4. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1. TITLE 4.2. NAME 4.3. STREET ADDRESS 4.4. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1. TITLE 5.2. NAME 5.3. STREET ADDRESS 5.4. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	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 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:

Karen A. Martham, Secretary of State

Feb 14 1997 (810)912-2181

CR2E034 (9/96)