

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000002223 (3)

1. Corporation Name

SOUTHEASTERN THERAPISTS, INC.

Principal Place of Business

13475 HWY. 32 WEST
AMBROSE GA 31512

Mailing Address

13475 HWY. 32 WEST
AMBROSE GA 31512

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1996

4. FEI Number

58-2182148

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 owes or has paid the current year intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

CASTLE, CRAIG A
2506 SAILORS WAY
NAPLES FL 34109

10. Name and Address of New Registered Agent

81. Name

Cyndi Felber

82. Street Address (P.O. Box Number is Not Acceptable)

* 4542 Danmon's Walk CT

83.

84.

City Jacksonville

FL

Zip Code 32258

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/4/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DCP

NAME PALAZZOLO, JAMES
STREET ADDRESS 2520 PHEASANT AVE
CITY-ST-ZIP ALBANY GA 31710

DELETE

TITLE D

NAME CASTLE, CRAIG
STREET ADDRESS 2506 SAILOR'S WAY
CITY-ST-ZIP NAPLES FL 33942

DELETE

TITLE DT

NAME DAVEY, ANDLEY
STREET ADDRESS 1072 SEAHAWK DR E
CITY-ST-ZIP PONTE VEDRA FL

DELETE

TITLE DV

NAME CASTLE, TIMOTHY
STREET ADDRESS 818 S COLLEGE AVE
CITY-ST-ZIP DOUGLAS GA

DELETE

TITLE DS

NAME TUTTLE, KIM
STREET ADDRESS RT 2 BOX 864
CITY-ST-ZIP RIDGELAND SC

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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] ROSE PALAZZOLO CFO

12/2/98

912 438 0352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

CR2E034 (5/98)

0120242

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



98-99
COT