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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

G41917 **DOCUMENT #**

(7)

1. Corporation Name

THERAPY SPECIALISTS, INC.

	PY SPECIALISTS, INC.							
Principal Place o	f Business	Mailing Address			* ************************************			
4190 DRAKESI SARASOTA FL	WOOD CIRCLE _ 34232-2504	4190 DRAKESWOOD C SARASOTA FL 34232-2						
					3. Date Incorporated or Qualified 06/02/1983	3a. Date o 03/	1 Last Rep 107/199	oort 15
2. Principal Piac	e of Business	2a. Mailing Address			4. FEI Number			pplied For
	9 9 • • • • • • • • • • • • • • • • • • •	26			59-2296976			lot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		* · · -	Additional lequired
Crty & State		City & State		<u></u>	6. Election Campaign Financing		\$5.00	May Be
		28	Country		Trust Fund Contribution 8. This corporation has liability for	intangible tax		
7 ₁p .∃	Country	Zip 29]	30	у	Florida Statutes	D No		
<u> </u>	9. Name and Address of Curren		1001		10. Name and Address of New R	legistered A	gent	
	8. 112110		81	Name				
FISK, ST			82	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)		
	SAU SOUTH FL 33595			3				
			84	4 City		FL	85 Zic	Code
	007.0502	and 607 1609 Florida Statute	es the above	-named corpor	ration submits this statement for the pu		ging its re	agistered office
or registere familiar with	d agent, or both, in the State of Florion, and accept the obligations of, Sect	da. Such change was authoriz ion 607.0505, Florida Statutes	ed by the car i.	poration's boar	ration submits this statement for the purif of directors. I hereby accept the app	oontment as r	egiste: eu	agent. ram
SIGNATURE	Signature: typed or printed name of registered agent	Landit lie if applicable (NC	Off Registered Ag	ont signature require	od when reinstafing)	DATE		==
	Signature: Typed or printed name of registered agent OF FICERS AN	D DIRECTORS	13.		od when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND I		
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