

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 JAN 17 AM 11:59**

**DOCUMENT # G48769 (5)**

1. Corporation Name

**ASSOCIATED CONTRACT THERAPY, INC.**

Principal Place of Business

**512 32ND STREET  
WEST PALM BEACH FL 33407**

Mailing Address

**512 32ND STREET  
WEST PALM BEACH FL 33407**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/13/1983** 3a. Date of Last Report **03/31/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

**59-2300174**

Applied For  
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under § 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**HURST, ROBERT L., JR.  
513-32ND ST.  
WEST PALM BEACH FL 33407**

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, and title of agent (if not a director)

(If Not a Registered Agent Signature Required) Agent's name (if not a director)

(Date)

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY, ST., ZIP

**PST  
HURST, ROBERT L., JR.  
512 32ND STREET  
WEST PALM BEACH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY, ST., ZIP

**D  
HURST, ROBERT L., JR.  
512 32ND STREET  
WEST PALM BEACH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY, ST., ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST., ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST., ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY, ST., ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST., ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST., ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST., ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, ST., ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY, ST., ZIP

☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that the information included 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 prepare 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

*Robert L. Hurst, Jr.*  
**ROBERT L. HURST, JR.**

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-09-95**

**407  
844-5065**

Date

Signature Phone #