

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:27

DOCUMENT # **J55256** (8)

1. Corporation Name
PROGRESSIVE THERAPIES OF FLORIDA INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**5410 PINEBARK LANE
WESLEY CHAPEL FL 33543**

Mailing Address
**5410 PINEBARK LANE
WESLEY CHAPEL FL 33543**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/04/1987		3a. Date of Last Report 05/01/1994	
2. Principal Place of Business 5410 PINEBARK LANE		4. FEI Number 59-2763633	
21. Suite, Apt. #, etc.		Applied For Not Applicable	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCGLAWN, VANETTE 5410 PINEBARK LN WESLEY CHAPEL FL 33543				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code FL			

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 _____ DATE _____
Signature typed or printed name of registered agent and the filer applies. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSO	11 TITLE	TSO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGLAWN, VANETTE	12 NAME	McGlowan, Vanette
STREET ADDRESS	419 PINEBARK LN.	13 STREET ADDRESS	5410 Pinebark Ln.
CITY - ST - ZIP	WESLEY CHAPEL FL	14 CITY - ST - ZIP	Wesley Chapel, FL 33543
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 110.07(3)(b), 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 registered 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 attached page with an address.

SIGNATURE: _____ DATE: **4-25-95** SYSTEM NUMBER: **973-1675**
Signature typed or printed name of officer or director