

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra S. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -9 PM 12:00

DOCUMENT # J71629 (6)

1. Corporation Name

INTERNATIONAL THERAPEUTIC SERVICES, INC.

Principal Place of Business

4506 L. B. MCLEOD ROAD  
STE F  
ORLANDO FL 32811

Mailing Address

4506 L. B. MCLEOD ROAD  
STE F  
ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/06/1987  
3a. Date of Last Report 04/29/1994

4. FEI Number 59-2803944  
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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

GRIGGS, STEPHEN P.  
4506 L. B. MCLEOD ROAD  
STE F  
ORLANDO FL 32811

10. Name and Address of New Registered Agent

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

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 PD  
NAME KENNEDY, WILLIAM P.  
STREET ADDRESS 4506 L.B. MCLEOD RD STE F  
CITY- ST- ZIP ORLANDO FL 32811

1.1 TITLE  
1.2 NAME DELETE  Change  Addition  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE VD  
NAME GRIGGS, STEPHEN P.  
STREET ADDRESS 4506 L B MCLEOD RD STE F  
CITY- ST- ZIP ORLANDO FL

2.1 TITLE PRES/ASST SEC/DIR  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE SD  
NAME WALKER, WILLIAM A., II  
STREET ADDRESS 250 PARK AVE S., 6 FL  
CITY- ST- ZIP WINTER PARK FL

3.1 TITLE  
3.2 NAME DELETE  Change  Addition  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE T  
NAME IRISH, REBECCA R.  
STREET ADDRESS 4506 L B MCLEOD RD STE F  
CITY- ST- ZIP ORLANDO FL 32811

4.1 TITLE SEC/TREAS/DIR  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE D  
NAME WILLIAMS, LEONARD  
STREET ADDRESS P.O. BOX 6845 N/A  
CITY- ST- ZIP ORLANDO FL 32852

5.1 TITLE  
5.2 NAME DELETE  Change  Addition  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE D  
NAME WEAVER, JACK T.  
STREET ADDRESS 3120 CORRINE DR  
CITY- ST- ZIP ORLANDO FL 32803

6.1 TITLE  
6.2 NAME DELETE  Change  Addition  
6.3 STREET ADDRESS  
6.4 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 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 person 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:

REBECCA R. IRISH

2/4/95 (407)841-2115