

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K35148

1. Corporation Name

Therapy Associates, Inc.

FILED

97 SEP 29 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

9/26/88

3a. Date of Last Report

5/1/96

2. Principal Place of Business

2a. Mailing Address

21 25 Second Street North

26 25 Second Street North

4. FEI Number

59-2917375

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 340

27 Suite 340

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

City & State

City & State

23 St. Petersburg, FL

28 St. Petersburg, FL

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33701

25 Pinellas

29 33701

30 Pinellas

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Benjamin Felder

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

42 First Street SE

83

84 City

St. Petersburg

FL

85 Zip Code

33701

11. Pursuant to the provisions of Sections 607.0509 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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

9/25/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE

NAME Marcia B. Staples  
STREET ADDRESS 1505 NW 16th Avenue  
CITY-ST-ZIP Gainesville, FL

11 TITLE D ☒ Change ☐ Addition

12 NAME Elizabeth Hutton  
13 STREET ADDRESS 25 Second Street North, Suite 340  
14 CITY-ST-ZIP St. Petersburg, FL 33701

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

400002307334 ☐ Change ☐ Addition

-09/30/97--01027--003

\*\*\*\*558.75 \*\*\*\*558.75

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 894-5333

CR2E034 (9/96)