FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 25 AM 11: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K48336 (7)

1. Corporation Name
THERAPY STAFF SERVICES, INC.

Principal Place of Business	Mailing Address
4300 DUHME RD STE 305 MADIERA BEACH FL 33708	4300 DUHME RD STE 305 MADIERA BEACH FL 33708

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/01/1988
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business	2a. Mailing Address
21	26 3091 E. VINA DEL MAR BLVD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: ST PETERSBURG BEACH, FL
24 Zip / 25 Country	29 Zip: 33706 / 30 Country: USA

4. FEI Number: 59-2926736 ☐ 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

9. Name and Address of Current Registered Agent

COVERT, PETER H.
4300 DUHME ROAD
MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3091 E. VINA DEL MAR BLVD
83
84 City ST PETERSBURG BEACH FL 85 Zip Code 33706

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	PC	11 TITLE	☒ Change ☐ Addition
NAME	COVERT, PETER H.	12 NAME	
STREET ADDRESS	~~4300 DUHME ROAD~~	13 STREET ADDRESS	3091 E. VINA DEL MAR BLVD
CITY-ST-ZIP	~~MADEIRA BCH FL~~	14 CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CULBERTSON, THEODORE R.	22 NAME	
STREET ADDRESS	1172 BROWNELL ST.	23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	PATTERSON, RAY	32 NAME	
STREET ADDRESS	~~6355 PEMBRIDGE PLACE~~	33 STREET ADDRESS	1690 U.S. 1 SOUTH, SUITE 1
CITY-ST-ZIP	~~TALLAHASSEE FL~~	34 CITY-ST-ZIP	ST AUGUSTINE FL 32086
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	NORMAN, JACK	42 NAME	
STREET ADDRESS	~~939 S DORAL LN~~	43 STREET ADDRESS	1736 LAKEPLACE VILLA NOVA
CITY-ST-ZIP	~~VENICE FL~~	44 CITY-ST-ZIP	VENICE FL 34293
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BIGLIN, RON	52 NAME	
STREET ADDRESS	4601 BARDSDALE DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PETERS, MERZ	62 NAME	
STREET ADDRESS	520 EAST 86TH STREET	63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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 119.07(3)(k), 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: M. Dayes Dees, Sec/Treas 4/20/95 813 391 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E052 CP

L48336

THERAPY STAFF SERVICES, INC.
Phone: 813-391-2000 4300 Duhme Road, Madeira Beach, Florida 33708 USA Fax: 813-391-6487

April 21, 1995

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Therapy Staff Services, Inc.
59-2926736

The following is a listing of Officers for Therapy Staff Services Inc. that do no appear on our 1995 pre-printed annual report.

M. Sayegh Gies, Secretary/Treasurer
760 Soundview Drive
Palm Harbor, FL 34683

Michael Covert, Vice President
6204 92nd Place North
Pinellas Park, FL 34666

R. William Warren, Director
4800 Lakewood Drive
Suite #2
Waco, TX 76714