


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

FILED

Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L48593** (2)
1. Corporation Name
THERAPY SPECIALISTS OF NORTH FLORIDA, INC.



Principal Place of Business 3334 CAPITAL MEDICAL BLVD STE 100A TALLAHASSEE FL 32308 US	Mailing Address 3334 CAPITAL MEDICAL BLVD. STE 100 TALLAHASSEE FL 32308 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1605 REDWOOD DR Suite, Apt. #, etc. 22 TALL FL City & State 23 TALL FL Zip 24 32301 Country 25 USA		2a. Mailing Address 26 1605 Redwood Dr Suite, Apt. #, etc. 27 City & State 28 Tall FL Zip 29 32301 Country 30 USA		3. Date incorporated or Qualified 02/08/1990	4. FEI Number 59-2993714	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CATALANO, DOROTHY THOMAS
1330 MICCOSUKEE ROAD
SUITE 203
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name CATALANO, DOROTHY THOMAS
82 Street Address (P.O. Box Number is Not Acceptable) 1605 REDWOOD DR
83
84 City TALL
85 Zip Code FL 32301

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 officer 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

4/4/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPS	<input type="checkbox"/> DELETE	1.1 TITLE DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CATALANO, DOROTHY T.		1.2 NAME DOROTHY T CATALANO	
STREET ADDRESS 3334 CAPITAL MEDICAL BLVD., 100A		1.3 STREET ADDRESS 1605 REDWOOD DR	
CITY-ST-ZIP TALLAHASSEE FL		1.4 CITY-ST-ZIP TALL, FL 32301	
TITLE CATALANO, DOROTHY T.	<input type="checkbox"/> DELETE	2.1 TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CATALANO, DOROTHY T.		2.2 NAME CATALANO, DOROTHY T	
STREET ADDRESS 3334 CAPITAL MEDICAL BLVD., STE. 100A		2.3 STREET ADDRESS 1605 Redwood Dr	
CITY-ST-ZIP TALLAHASSEE FL		2.4 CITY-ST-ZIP Tall, FL 32301	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Dorothy Thomas Catalano

(850) 877 0018

CR2E034 (10/97)