

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L66554** (1)

1. Corporation Name

PROGRESSIVE THERAPY ASSOCIATES, INC.



Principal Place of Business

**1135 103RD STREET
APT. G-1
BAY HARBOR ISLAND FL 33154-1225**

Mailing Address

**1135 103RD STREET
APT. G-1
BAY HARBOR ISLAND FL 33154-1225**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**GLAUSER, STUART H.
12910 S.W. 84TH ST.
MIAMI FL 33183**

81. Name

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

83.

84. City

FL 85. Zip Code

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. Type or print name of registered agent. If a title is applicable.

Signature. Type or print name of registered agent. If a title is applicable.

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	GLUCK, ROSS	
STREET ADDRESS	1222 MANOR CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	DELETE
NAME	MARKS, CRAIG	
STREET ADDRESS	10000 EDINBURGH ST	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	S	DELETE
NAME	GLUCK, BEVERLEE	
STREET ADDRESS	1135 103 ST G-1	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**1302 GINGER CIRCLE
FT. LAUDERDALE, FL**

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)(g), 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 or person 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

3/21/96

1305 888 1181

CR2E034 (12/95)