

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90163 047 ****61.25

DOCUMENT # N95000003708

1. Corporation Name

FLORIDA THERAPY SERVICES, INC.

Principal Place of Business

**538 HARMON AVENUE
PANAMA CITY FL 32401**

Mailing Address

**538 HARMON AVENUE
PANAMA CITY FL 32401**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/04/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3226958

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOOD, SANDRA S
239 EAST VIRGINIA ST.
TALLAHASSEE FL**

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 617.0502 and 617.1508, 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 617.0503, 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 **PSTD** ☐ DELETE
NAME **CABLE, ROLLIN**
STREET ADDRESS **538 HARMON AVE**
CITY-ST-ZIP **PANAMA CITY FL 32401**

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

TITLE **D** ☒ DELETE
NAME **CABLE, COLLIN**
STREET ADDRESS **538 HARMON AVE**
CITY-ST-ZIP **PANAMA CITY FL 32401**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**DIRECTOR
CABLE, TERI L.
538 HARMON AVE
PANAMA CITY, FL 32401**

TITLE **D** ☐ DELETE
NAME **HADDOCK, BERNARD J**
STREET ADDRESS **10 SUGARMILL RD**
CITY-ST-ZIP **OKATIE SC 29910**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rollin Cable
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

850-785-5351

Date

Daytime Phone #

CR2E037 (1/98)