

FILE NOW: FILING FEE IS \$61.25

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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003384 (1)**

1. Corporation Name

CHILDREN'S THERAPY CENTER, INC.



Principal Place of Business	Mailing Address
801 SIXTH STREET SOUTH ST PETERSBURG FL 33701	801 SIXTH STREET SOUTH ST PETERSBURG FL 33701

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
25	30

3. Date Incorporated or Qualified	06/11/1997	
4. FEI Number	59-3451447	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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
HOUGHTON, BETH A 801 SIXTH STREET SOUTH ST PETERSBURG FL 33701	

10. Name and Address of New Registered Agent	
81 Name	R. Donald Mastry, Esquire
82 Street Address (P.O. Box Number is Not Acceptable)	Holland & Knight
83	One Progress Plaza, Suite 1600
84 City	St. Petersburg FL 33701

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: *R. Donald Mastry* (NOTE: Registered Agent signature required when reinstating) DATE: **4-23-98**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	SETON, J D	
STREET ADDRESS	801 SIXTH STREET SOUTH	
CITY - ST - ZIP	ST PETERSBURG FL 33701	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOUGHTON, BETH A	
STREET ADDRESS	801 SIXTH STREET SOUTH	
CITY - ST - ZIP	ST PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORTON, WILLIAM	
STREET ADDRESS	801 SIXTH STREET SOUTH	
CITY - ST - ZIP	ST PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	CPD	
1.2 NAME	Sexton, J.D.	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marianne R. Parsons	
2.3 STREET ADDRESS	801 Sixth Street South	
2.4 CITY - ST - ZIP	St. Petersburg, FL 33701	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gary Carnes	
4.3 STREET ADDRESS	801 Sixth Street South	
4.4 CITY - ST - ZIP	St. Petersburg, FL 33701	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jack Hutto, M.D.	
5.3 STREET ADDRESS	801 Sixth Street South	
5.4 CITY - ST - ZIP	St. Petersburg, FL 33701	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Barbara Bour	
6.3 STREET ADDRESS	801 Sixth Street South	
6.4 CITY - ST - ZIP	St. Petersburg, FL 33701	

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.

SIGNATURE: *William R. Parsons* **4-28-98 (813) 892-8892**

CR2E037 (10/97)