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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P18666** (8)
1. Corporation Name
PRO THERAPY OF AMERICA, INC.

Principal Place of Business
**6001 INDIAN SCHOOL RD
ALBUQUERQUE NM 87110
US**

Mailing Address
**6001 INDIAN SCHOOL RD
ALBUQUERQUE NM 87110-4139
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1988	3a. Date of Last Report 03/15/1996
[REDACTED]		[REDACTED]		4. FEI Number 38-2457180	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip		29. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		30. Country			

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFRANCO, JOY	1.2 NAME	
STREET ADDRESS	355 S. WOODWARD AVE. #2N	1.3 STREET ADDRESS	
CITY - ST - ZIP	BIRMINGHAM MI	1.4 CITY - ST - ZIP	
TITLE	DEVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOT, NEAL MF	2.2 NAME	
STREET ADDRESS	6001 INDIAN SCHOOL RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALBUQUERQUE NM	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUDER, SCOTT	3.2 NAME	
STREET ADDRESS	6001 INDIAN SCHOOL RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	ALBUQUERQUE NM	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARVIN, MICHAEL E.	4.2 NAME	
STREET ADDRESS	600 WILSON LN	4.3 STREET ADDRESS	
CITY - ST - ZIP	MECHANICSBURG PA	4.4 CITY - ST - ZIP	
TITLE	VPT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOFIELD, ERNEST A	5.2 NAME	
STREET ADDRESS	6001 INDIAN SCHOOL RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	ALBUQUERQUE NM	5.4 CITY - ST - ZIP	
TITLE	VPCF	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUER, JOHN	6.2 NAME	
STREET ADDRESS	4283 S STREAM BL	6.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTT NC	6.4 CITY - ST - ZIP	

14. I do 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:

[Signature] SIGNATURE REQUIRED

Date

Daytime Phone

4/23/97

CR2E034 (9/96)

PROFESSIONAL THERAPY OF AMERICA, INC.
List of Officers and Directors

<u>Title</u>	<u>Name/SSN</u>	<u>Street Address</u>
Director	Neal M. Elliott 532-38-8545	6001 Indian School Rd NE Albuquerque, NM 87110
President	Paul Zimmerman	3850 North Wilke Rd, Ste 200 Arlington Heights, IL 60004
CEO	Charles H. Gonzales 585-66-5408	6001 Indian School Rd NE Albuquerque, NM 87110
	Ernest A. Schofield 521-92-7317	6001 Indian School Rd NE Albuquerque, NM 87110
Vice-President, Secretary	Scot Sauder 555-90-0219	6001 Indian School Rd NE Albuquerque, NM 87110
Vice-President of Taxation	Doug Warrick	6001 Indian School Rd NE Albuquerque, NM 87110
Asst. Secretary	Jacqueline Gordon 226-84-0639	6001 Indian School Rd NE Albuquerque, NM 87110

The above Officers and Directors terms expire on September 30, 1997