

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000023124 (9)

1. Corporation Name

CHILDRENS THERAPY SERVICES, INC.



Principal Place of Business

9838 W. SAMPLE RD.
CORAL SPRINGS FL 33065

Mailing Address

9838 W. SAMPLE RD.
CORAL SPRINGS FL 33065

2. Principal Place of Business

21 10371 W. Sample Rd.

2a. Mailing Address

26 10371 W. Sample Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Coral Springs, FL

City & State

28 Coral Springs, FL

Zip

24 33065

Country

25 USA

Zip

29 33065

Country

30 USA

9. Name and Address of Current Registered Agent

POLLACK, MARC R
1776 N. PINE ISLAND ROAD
SUITE 208
PLANTATION FL 33322

3. Date Incorporated or Qualified
03/26/1993

3a. Date of Last Report
04/17/1995

4. FLE Number

65-0406662

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☒ No ☐

10. Name and Address of New Registered Agent

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 in printed name of registered agent or new registered agent)

(Typed in printed name of registered agent or new registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVT
NAME POLLACK, CINDY
STREET ADDRESS 11073 NW 17TH PLACE
CITY-ST-ZIP CORAL SPRINGS FL 33071

DELETE

TITLE DVS
NAME TORRES, LAURIE E
STREET ADDRESS 6818 NW 62ND TERR.
CITY-ST-ZIP PARKLAND FL 33067

DELETE

TITLE DP
NAME OZERY, TAMAR L
STREET ADDRESS 3132 SW 20TH TERR., C-12
CITY-ST-ZIP DELRAY BEACH FL 33445

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE DVT
2. NAME POLLACK, CINDY
3. STREET ADDRESS 11073 NW 17TH PLACE
4. CITY-ST-ZIP CORAL SPRINGS FL 33071

Change ☒ Addition ☐

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY-ST-ZIP

Change ☐ Addition ☐

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY-ST-ZIP

Change ☐ Addition ☐

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP

Change ☐ Addition ☐

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

Change ☐ Addition ☐

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-ST-ZIP

Change ☐ Addition ☐

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)(k), 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:

CINDY POLLACK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (305) 341-0090
Date Registered Firm #

CR2E034 (12/95)