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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000061723 (1)

FILED Mar 24 1998 8:00am Secretary of State

ACCORD COMPREHENSIVE	THERAPEUTIC SERVICES, I	INC.		
Principal Place of Business	Mailing Address			DE 110 Bilde (1011 10215 11065 1111 100)
122 N SINCLAIR AVE 122 N SINCLAIR AVE TAVARES FL 32778 TAVARES FL 32778			DO NOT WRITE I	NI THIS SPACE
			3. Date Incorporated or Qualified	N THIS STACE
			09/01/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3198474	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Compaign Singular	····
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid	
24 25	29	30	Personal Property Tax due June 3	
	Current Registered Agent		10. Name and Address of New Reg	istered Agent
OTTO, TERRANCE A MD		81 Name		
122 N SINCLAIR AVE		82 Street Add	dress (P.O. Box Number is Not Acceptable	9)
TAVARES FL 32778				
		63		Į.
		84 City		85 Zip Code
		1" ""		FLII' I
11. Pursuant to the provisions of Sections 6	607.0502 and 607.1508, Florida Statute	es, the above-named corpora	poration submits this statement for the pu	rpose of changing its registered
Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the	607 0502 and 607 1508, Florida Statute e State of Florida, Such change was a e obligations of, Section 607 0505, Flo	es, the above-named corpora authorized by the corpora orida Statutes.	poration submits this statement for the pu ation's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE				
SIGNATURE Signature, typed or printed name of regin	sterred agent and title if applicable (NOTE	E Registered Agent signature requi	ired when reinslating)	DATE
SIGNATURE Signature, typed or peritted name of region 12. OFFICE	arred agent and title if applicable (NOTE RS AND DIRECTORS	E Registered Agent signature requi		DATE RS AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filling 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 suppliemental grinual 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 recover or trusted 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 applichment with an address

SIGNATURE:

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CR2E034 (10/97)