TALLAHASSEE, FLORIDA

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

MAY -1 PM 5:11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P93000072688 (3)**

1. Corporate Name

MCM THERAPY SERVICES, INC.

Principal Place of Business:
1130 STEVEN PATRICK DRIVE
INDIAN HARBOUR BEACH FL 32937

Mailing Address:
1130 STEVEN PATRICK DRIVE
INDIAN HARBOUR BEACH FL 32937

3. Date Incorporated: 10/14/1993
3a. Date of Last Report: 04/27/1994

4. FEI Number: 59-3210235 — 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

2. Principal Office (Change): 21 / Suite, Apt # etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address: 26 / Suite, Apt # etc. 27 / City & State 28 / Zip 29 / Country 30

9. **Name and Address of Current Registered Agent**

MCGONE, MARY C
1130 STEVEN PATRICK DRIVE
INDIAN HARBOUR BEACH FL 32937

10. **Name and Address of New Registered Agent**

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 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCGONE, MARY C
STREET ADDRESS	1130 STEVEN PATRICK DRIVE
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — [ ] Change [ ] Addition (blank)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information indicated on the 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: Mary C. McGone — 4/29/95 — 4077770884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0060057 CP