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May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000000086 (6)

1. Corporation Name  
J.R.C. THERAPY, INC.

Principal Place of Business

1321 BAYVIEW DRIVE  
STE. 6  
FORT LAUDERDALE FL 33304

Mailing Address

1321 BAYVIEW DRIVE  
STE. 6  
FORT LAUDERDALE FL 33304-1672



3. Date Incorporated or Qualified 01/03/1994  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business  
21 931 NE 23rd Terr  
Suite, Apt. #, etc.

2a. Mailing Address  
26 931 NE 23rd Terr  
Suite, Apt. #, etc.

4. FEI Number 65-0449529  
Applied For Not Applicable

22 City & State  
23 Pompano Bch, FL

27 City & State  
28 Pompano Bch, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 33062  
25 Broward

29 33062  
30 Broward

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  
LYNCH, J D  
224 COMMERCIAL BLVD.  
STE. 310  
LAUDERDALE-BY-THE-SEA FL 33308

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

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 D  
NAME CARROLL, JOHANNA R  
STREET ADDRESS 1321 BAYVIEW DRIVE STE. 6  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE Name and address change  
NAME Franco, Johanna C.  
STREET ADDRESS 931 NE 23rd Terr  
CITY-ST-ZIP Pompano Bch, FL 33062

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE marriage license enclosed  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)