

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000011370 (1)

1. Corporation Name

FLORIDA THERAPEUTIC SPECIALISTS, INC.

Principal Place of Business

621 N SHORE CIR
CASSELBERRY FL 32707

Mailing Address

621 N SHORE CIR
CASSELBERRY FL 32707



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Country

25

Zip

29

Country

30

3. Date Incorporated or Qualified

02/04/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3223306

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

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

Yes No

9. Name and Address of Current Registered Agent

**MUDARRA, CONNIE
621 N SHORE CIR
CASSELBERRY FL 32707**

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 is required when recording)

DATE

CR2E034 (12/95)

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE

D

DELETE

1.1 TITLE

NAME

MUDARRA, CONNIE

STREET ADDRESS

621 N SHORE CIR

CITY-ST-ZIP

CASSELBERRY FL 32707

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

DELETE

2.1 TITLE

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE

DELETE

3.1 TITLE

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE

DELETE

4.1 TITLE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

DELETE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

DELETE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

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: *Connie Mudarra*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/96 (407) 699-5785
Date Daytime Phone #