

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

APPROVED
AND
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REMITTED BY MAY 1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P94000048002 (7)**

1. Corporation Name
BORDE CONSULTING AND OCCUPATIONAL THERAPY SERVICES, INC.

Principal Place of Business: **13961 88TH TERRACE NORTH SEMINOLE FL 34646**
Mailing Address: **13961 88TH TERRACE NORTH SEMINOLE FL 34646**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/23/1994**
3a. Date of Last Report

4. FEI Number: **59-3293102**
Applied For: 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**

6. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

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 Zip 29

9. Name and Address of Current Registered Agent

**PISIECZKO, CHARLES J ESQ.
3401 49TH ST. NORTH
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code **FL**

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 _____
Signature (typed or printed name of registered agent per title of application) (P.O.E. Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELEN MARY J. BORDE	12 NAME	
STREET ADDRESS	13961 88TH TERRACE N.	13 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE, FL. 34646	14 CITY - ST - ZIP	
TITLE	PRES., SEC., TREAS.	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELEN MARY J. BORDE	22 NAME	
STREET ADDRESS	13961 88TH TERRACE N.	23 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE, FL. 34646	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(b), 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 as an attachment with an address.

SIGNATURE: Helen Mary J. Borde 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (typed)