

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

APPROVED
AND
FILED

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: 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**
2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**
Suite, Apt. #, etc.: **27**

City & State: **23**
City & State: **28**

Zip: **24** Quantity: **25** Zip: **29** Quantity: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 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) (FBI). Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **DIRECTOR**
NAME: **HELEN MARY J. BORDE**
STREET ADDRESS: **13961 88TH TERRACE N.**
CITY-ST-ZIP: **SEMINOLE, FL. 34646**

11 TITLE: Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE: **PRES., SEC., TREAS.**
NAME: **HELEN MARY J. BORDE**
STREET ADDRESS: **13961 88TH TERRACE N.**
CITY-ST-ZIP: **SEMINOLE, FL. 34646**

21 TITLE: Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

31 TITLE: Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

41 TITLE: Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

51 TITLE: Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

61 TITLE: Change Addition
62 NAME
63 STREET ADDRESS
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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95
DATE