

**CORPORATION
ANNUAL REPORT
1995**



Florida Department of State
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 AM 11:59

DOCUMENT # P94000076108 (7)

1. Corporation Name

HOSPITAL THERAPY SERVICE OF SOUTH CAROLINA, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

2201 CANTU CT
SUITE 100
SARASOTA FL 34232

Mailing Address

2201 CANTU CT
SUITE 100
SARASOTA FL 34232

3. Date incorporated or qualified

10/17/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0527693

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORTHUP, RONALD S
2201 CANTU CT
SUITE 100
SARASOTA FL 34232**

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 607.0507 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DCEO

NAME

NORTHUP, RONALD S

STREET ADDRESS

2201 CANTU CT

CITY - ST - ZIP

SARASOTA FL 34232

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

PS

NAME

NORTHUP, RONALD S

STREET ADDRESS

2201 CANTU CT

CITY - ST - ZIP

SARASOTA FL 34232

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

DV

NAME

KRAWCZYK, LISA M

STREET ADDRESS

2201 CANTU CT

CITY - ST - ZIP

SARASOTA FL 34232

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

DT

NAME

NORTHUP, DIANE

STREET ADDRESS

2201 CANTU CT

CITY - ST - ZIP

SARASOTA FL 34232

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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 19.07(1)(a), 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, a 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 employed, or as an attachment with an address.

SIGNATURE:

Signature (typed or printed name of signing officer or director)

Ronald S. Northup

1/1/95

(813) 379-0005