

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000006671 (8)

1. Corporation Name

KC THERAPY SERVICES, INC.



Principal Place of Business

436 SW CRAWFISH DRIVE
PORT ST. LUCIE FL 34953

Mailing Address

436 SW CRAWFISH DRIVE
PORT ST. LUCIE FL 34953

2. Principal Place of Business

2a. Mailing Address

PO BOX
8179

Suite, Apt. #, etc.

City & State

Port St Lucie, FL

Zip

Country

34985

USA

3. Date Incorporated or Qualified

01/23/1995

3a. Date of Last Report

4. FEI Number

65-0554121

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

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

SPERA, KAREN M
436 SW CRAWFISH DRIVE
PORT ST. LUCIE FL 34953

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change ☐ Addition

TITLE
NAME
D
SPERA, KAREN M
STREET ADDRESS
436 SW CRAWFISH DRIVE
CITY - ST - ZIP
PORT ST. LUCIE FL 34953

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

TITLE
NAME
D
HAISLIP, CHRISTINA L
STREET ADDRESS
436 SW CRAWFISH DRIVE
CITY - ST - ZIP
PORT ST. LUCIE FL 34953

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

249 SE Walter's Terrace
Port St. Lucie, FL 34983

TITLE
NAME
D
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
D
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
D
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
D
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen M. Spera 04/25/96 (407) 336-9059

CR2E034 (12/95)