

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000013912 (7)

1. Corporation Name

SPECIALTY THERAPY SERVICES, INC.



Principal Place of Business

3275 W. HILLSBORO ROAD
SUITE 207
DEERFIELD BEACH FL 33442

Mailing Address

3275 W. HILLSBORO ROAD
SUITE 207
DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified
02/20/1995

3a. Date of Last Report

4. FEI Number

65-0557475

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

MILLER, ALAN I
3275 W. HILLSBORO ROAD
SUITE 207
DEERFIELD BEACH FL 33442

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 or director (typed name)

(Typed Name of Agent or Director who is resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PRESIDENT		
	MILLER, ALAN M.D.		
	3275 W. HILLSBORO BLVD SUITE 207		
	DEERFIELD BEACH, FL 33442		
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TREASURER/SECRETARY		
	WALLACE, MITCHELL		
	3275 W. HILLSBORO BLVD SUITE 207		
	DEERFIELD BEACH, FL 33442		
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VICE PRESIDENT		
	LAZARUS, LESLIE		
	3275 W. HILLSBORO BLVD SUITE 207		
	DEERFIELD BEACH, FL 33442		
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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:

Mitchell Wallace MITCHELL WALLACE 4/19/96 954-421-6246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)