

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morrison 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 33442-0410**



3. Date Incorporated or Qualified 02/20/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0557475	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Michael Morrison**
 82 Street Address (P.O. Box Number is Not Acceptable) **8551 W. Sunrise Blvd.**
 83 **#200**
 84 City **Plantation** FL 85 Zip Code **33322**

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 *Michael Morrison*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, ALAN M.D.	1.2 NAME	Michael Morrison
STREET ADDRESS	3275 W. HILLSBORO ROAD	1.3 STREET ADDRESS	8551 W. Sunrise Blvd #200
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1.4 CITY-ST-ZIP	Plantation, FL 33322
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, WALLACE	2.2 NAME	
STREET ADDRESS	3275 W HILLSBORO BLVD SUITE 207	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESUE, LAZARUS	3.2 NAME	Lawrence Schindler
STREET ADDRESS	3275 W HILLSBORO BLVD SUITE 207	3.3 STREET ADDRESS	8551 W. Sunrise Blvd #200
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	Plantation, FL 33322
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Blanca Santos
STREET ADDRESS		4.3 STREET ADDRESS	9350 S. Dixie Hwy, #1220
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, Florida 33156
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Michael Morrison*

CR2E034 (9/96)