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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000025304 (3)

CAPITAL CITY THERAPEUTIC SERVICES, INC.



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Principa! Place	of Business	Mailing Address			***************************************	EB181 B1111 B4(1) Q8	111 48 611 89 11 8 (***** • • • • • • • • • • • • • • • • •
	ERVILLE RD. SEE FL 32308		2375 CENTERVILLE RD. TALLAHASSEE FL 32308						
					3. Date Incorporate 04/01/199		3a. Date	of Last F	teport
2. Principal Pla		2a. Mailing Address			4. FEI Number 59-3304		<u> </u>		Applied For
21 2912 Parrish Dr. Suite, Apt. #, etc.			26 2912 Parrish Dr.			881			Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Stat	us Desired		-	Additional Required
City & State	lahassee, FL		City & State Tallahassee, FL			n Financing	- Li Ac.oc way be		
					Trust Fund Contr				d to Fees
2p 323	08 25 CUSA	^{Zip} 32308	30	ŜA	8. This corporation I Florida Statutes	nas liability for ir ∏ Yes		under s	199.032,
	9. Name and Address of Curr		- 1221	••	10. Name and Addi		_	gent	
				81 Name	oid D Dhir	··· · · · · · · · · · · · · · · · · ·			
GLOVE	R, RICHARD A C.P.A.		}	82 Street Ad	vid R. White	Not Assessed	۵)		
2375 (ENTERVILLE RD.			291	ddress (P.O. Box Nuniber is 12 Parrish D:	INOLACCEPTABLE	e)		
	HASSEE FL 32308		F	83	uttion D.	TAC			
			Ļ		·				
				B4 City	llahassee		FL	85 Zi	o Code
11. Pursuant to	the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the abov	e-named corr	noration submits this statem	ent for the nurr	voca of obse	aina ita	32308 registered office
or registere familiar with	ed agent, or both, in the State of Fic n, and accept the obligations of, Se	orida. Such change was authori.	zed by the co	orporation's b	poard of directors. I hereby a	ccept the appo	intment as re	gistered	l agent. I am
Text and Trice	is any accept the oungations of, se	chorportesos, Honda Statute	Ş.				1.0-6		
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SIGNATURE _	gnature, typed or printed name of registered age OFFICERS A			Da: Agont signature req	quired when reinstating	NGES TO DEFI	DATE	O	IBS IN 12
SIGNATURE _	· · · · · · · · · · · · · · · · · · ·	erit and title if applicable (N ND DIRECTORS	OTE: Registered A 13. 1.1 Tit	Agont signature req	wid R. White quired when reinslating: ADDITIONS/CHAP	NGES TO OFFIC			
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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 31 changed, or on an attachment with an address.

SIGNATURE: 1

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4 15/96

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