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Mar 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P95000046554 (8)**

1. Corporation Name:  
**ISENBERG PEDIATRIC OCCUPATIONAL THERAPY, INC.**



Principal Place of Business: **837 SANDY LANE LYNN HAVEN FL 32444**  
Mailing Address: **937 SANDY LANE LYNN HAVEN FL 32444-3452**

3. Date Incorporated or Qualified: **06/12/1995**    3a. Date of Last Report: **03/11/1996**  
4. FEI Number: **59-3318028**     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

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

9. Name and Address of Current Registered Agent:  
**ISENBERG, SHELLEY A  
937 SANDY LANE  
LYNN HAVEN FL 32444**

10. Name and Address of New Registered Agent:  
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 fully qualified and accept the obligations of Section 607.0505, Florida Statutes.  
SIGNATURE: *Shelley A. Isenberg*    *Shelley A. Isenberg* President    DATE: **3/10/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
D  DELETE  
NAME: **ISENBERG, SHELLEY A**  
STREET ADDRESS: **937 SANDY LANE**  
CITY-STATE-ZIP: **LYNN HAVEN FL 32444**  
D  DELETE  
NAME: **ISENBERG, KIRK D**  
STREET ADDRESS: **937 SANDY LANE**  
CITY-STATE-ZIP: **LYNN HAVEN FL 32444**  
 DELETE  
 DELETE  
 DELETE  
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I declare by certifying 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, or is listed, or on an attachment with an address.

SIGNATURE: *Shelley A. Isenberg*    *Shelley A. Isenberg* President    DATE: **3/10/97**    **904/960-9518**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date of Filing    Daytime Phone #

CR2E034 (9/96)