

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P95000051707 (4)**

1. Corporation Name

THERAPY FUNDING SERVICE INC.

FILED
Apr 22 1997 8:00am
Secretary of State



Principal Place of Business

RT 1 BOX 16
ALACHUA FL 32615

Mailing Address

RT 1 BOX 16
ALACHUA FL 32615-0701

2. Principal Place of Business

21 *19802 Old Bellamy Road*
Suite Aet # etc.

2a. Mailing Address

26 *19802 Old Bellamy Road*
Suite, Apl. #, etc.

22 City & State

23 *Alachua, FL*

27 City & State

28 *Alachua, FL*

Zip

24 *32615*

Country

25 *USA*

Zip

29 *FL 32615*

Country

30 *USA*

9. Name and Address of Current Registered Agent

**GLAZER, ROBERT
RT 1 BOX 16
ALACHUA FL 32615**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

19802 Old Bellamy Road

83

84 City

Alachua

FL 85 Zip Code
32615

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

Sig. Note: If not a registered agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

CR2E034 (9/96)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLAZER, ROBERTS		1.2 NAME	
STREET ADDRESS	19802 OLD BELLAMY ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL		1.4 CITY-ST-ZIP	<i>32615</i>
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
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, or changed, or in an attachment with an address.

SIGNATURE:

Robert B. Martham / **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

904 462 5155

Daytime Phone #