

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

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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000078649 (7)**

1. Corporation Name
OPS PLUS, HAND THERAPY AND REHABILITATION SERVICE, INC.



Principal Place of Business 1030 U.S. 27 SOUTH AVON PARK FL 33825 US	Mailing Address 1030 U.S. 27 SOUTH AVON PARK FL 33825-5113 US
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3. Date Incorporated or Qualified 10/09/1995	3a. Date of Last Report 04/29/1996
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2b. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0615318	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 JEAN M. FOSTER EA 234 SWALLOW AVENUE SEBRING FL 33872	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME SMITH, DOUGLAS O.		1.2 NAME	
STREET ADDRESS 4614 SANTA BARBARA DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP SEBRING FL		1.4 CITY-ST-ZIP	
TITLE VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME KNIGHT, DOUGLAS M.		2.2 NAME	
STREET ADDRESS 3220 U.S. 27 SOUTH		2.3 STREET ADDRESS	
CITY-ST-ZIP SEBRING FL		2.4 CITY-ST-ZIP	
TITLE ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME BURKHOLDER, LYNDA K.		3.2 NAME	
STREET ADDRESS 3412 ROMEO STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP SEBRING FL		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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. I changed, or on an attachment with an address.

SIGNATURE: *Lynnda Burkholder* **Lynnda Burkholder** 3-21-97 941-453-8960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)