

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000085989 (8)

1. Corporation Name

NATIONAL THERAPY CONSULTANTS, INC.



Principal Place of Business

7440 MINT JULEP DRIVE
RIVERVIEW FL 33569

Mailing Address

7440 MINT JULEP DRIVE
RIVERVIEW FL 33569

2. Principal Place of Business

21 5011 WESTSHORE
Suite, Apt. #, etc.

22 City & State
New Port Richey FL

23 Zip
34652

24 Country
USA

2a. Mailing Address

26 5011 WESTSHORE
Suite, Apt. #, etc.

27 City & State
New Port Richey FL

28 Zip
34652

29 Country
USA

3. Date Incorporated or Qualified
11/06/1995

3a. Date of Last Report

4. FEI Number

☒ 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

HOPPER, R. KEITH
7440 MINT JULEP DRIVE
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name JOHN HOWE
82 Street Address (P.O. Box Number is Not Acceptable)
5011 WESTSHORE
83
84 City New Port Richey FL 85 Zip Code 34652

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

John Howe

JOHN HOWE

2-16-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME HOOPER, R. KEITH
STREET ADDRESS 7440 MINT JULEP DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☐ DELETE
NAME WEINER, MITCHELL A
STREET ADDRESS 5011 WESTSHORE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ DELETE
NAME HOWE, JOHN J
STREET ADDRESS POST OFFICE BOX 7332 N/A
CITY-ST-ZIP HUDSON FL 34667

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-96 813-869
8554

CR2E034 (12/95)