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Mar 18 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 # P95000095200 (8)

1. Corporation Name
THERAPY CENTER OF OKEECHOBEE, INC.



Principal Place of Business
**210 NE THIRD AVENUE
 OKEECHOBEE FL 34972**

Mailing Address
**210 NE THIRD AVENUE
 OKEECHOBEE FL 34972-2961**

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 Country 30

9. Name and Address of Current Registered Agent

**PEARSON, WILLIAM M
 5551 RIDGEWOOD DRIVE
 SUITE 501
 NAPLES FL 33963**

81 Name

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

83

84 City

FL 85 Zip Code **34108**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0509 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

Signature: typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** DELETE
 NAME **PEARSON, SHIRLEY L**
 STREET ADDRESS **645 SUNSET CIRCLE**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **D** DELETE
 NAME **DURAND, DONNA L**
 STREET ADDRESS **637 SE 74TH AVENUE**
 CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

64 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* 2-18-97 941-357-4094

CR2E034 (9/96)