


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

FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000002302 (3)**  
 1. Corporation Name  
**MACKIE THERAPY SERVICES INC.**



Principal Place of Business <b>1876 PAINTED BUNTING CIR. PALM HARBOR FL 34683</b>	Mailing Address <b>1876 PAINTED BUNTING CIR. PALM HARBOR FL 34683-6675</b>
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3. Date Incorporated or Qualified <b>01/03/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-3358799</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>MACKIE, BRIAN 1876 PAINTED BUNTING CIR. PALM HARBOR FL 34683</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Brian Mackie* **Brian Mackie, President** 1-21-97  
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>President Secretary</b>
STREET ADDRESS	<b>Brian Mackie</b>
CITY-ST-ZIP	<b>1876 Painted Bunting Cir Palm Harbor FL 34683</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Vice President Treasurer</b>
STREET ADDRESS	<b>Faye Namba-Mackie</b>
CITY-ST-ZIP	<b>1876 Painted Bunting Cir Palm Harbor FL 34683</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>#15</b>
1.3 STREET ADDRESS	<b>Brian Mackie</b>
1.4 CITY-ST-ZIP	<b>1876 Painted Bunting Cir Palm Harbor FL 34683</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VP IT</b>
2.3 STREET ADDRESS	<b>Faye Namba-Mackie</b>
2.4 CITY-ST-ZIP	<b>1876 Painted Bunting Cir Palm Harbor FL 34683</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 for an attachment with an address.

SIGNATURE: *Brian Mackie* **Brian Mackie, President** 1-21-97 813  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (9/96)