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May 06 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 # P96000018603 (6)

1. Corporation Name
BAYMEADOWS THERAPY CENTER, INC.

Principal Place of Business
8770 101 BAYMEADOWS RD
JACKSONVILLE FL 32256

Mailing Address
8770 101 BAYMEADOWS RD
JACKSONVILLE FL 32256-0180
9951 ATL BLVD
BLDG 1 - SUITE 126



2. Principal Place of Business
21 9951 ATLANTIC BLVD
22 BLDG 1 - SUITE 126
23 JACKSONVILLE FL
24 32256
25 USA

2a. Mailing Address
26 9951 ATL BLVD
27 BLDG 1 - SUITE 126
28 JACKSONVILLE FL
29 32256
30 USA

3. Date Incorporated or Qualified
02/27/1996

3a. Date of Last Report
N/A

4. FEI Number
59-336494

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
SCHULTZ, GINGER F
8770 101 BAYMEADOWS RD
JACKSONVILLE FL 32256
Schultz, Ginger F
ABOVE

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: Ginger F. Schultz (NOTE: Registered Agent signature required when reinstating) DATE: 4/30/97

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: SCHULTZ, GINGER F
STREET ADDRESS: 8770 101 BAYMEADOWS RD
CITY - ST - ZIP: JACKSONVILLE FL 32256
ABOVE ADDRESS

TITLE: ☐ DELETE
NAME: Schultz, Ginger F
STREET ADDRESS: ABOVE
CITY - ST - ZIP: ☐ DELETE

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY - ST - ZIP: ☐ DELETE

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY - ST - ZIP: ☐ DELETE

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY - ST - ZIP: ☐ DELETE

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 does not qualify for the exemption stated in Section 119.07(3)(l), 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: Ginger F. Schultz DATE: 4/30/97 DAYTIME PHONE: 904 269 202

CR2E034 (9/96)