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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600028404 (7)

FILED Apr 28 1997 8:00am Secretary of State

1. Corporation Name THERAPY SPECIALTY CONSULTING, INC. Principal Place of Business 8315 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33405 Mailing Address 8315 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33405						
			 Date Incorporated or Qualified 03/25/1996 	3a. Dat	te of Last R	eport
2. Principal Place of Business	2a. Mailing Address	, , , , , , , , , , , , , , , , , , ,	4 FEI Number	<u> </u>	[Ar	plied For
21	26		65-0650518			t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State	City & State		6. Election Campaign Financing	· — ,	\$5.00	
Zip Country	28 Zip	Country	Trust Fund Contribution	<u> </u>	Added	
21p Country 25	29	30	This corporation has liability for Florida Statutes		tax under s] No	. 199.032,
	of Current Registered Agent		10. Name and Address of New F			
GARCIA, DIANE		81 Name				***
6315 SOUTH DIXIE HIGHW		82 Street Ad	eet Address (P.O. Box Number is Not Acceptable)			
WEST PALM BEACH FL 33-	405	99				
		83				
		84 City		FL	85 Zip	Code
 Pursuant to the provisions of Section office or registered agent, or both, in agent. Fam familiar with, and accept 	is 607.0502 and 607.1508, Florida Statu in the State of Florida. Such change was it the obligations of, Section 607.0505, F	utes, the above-named co authorized by the corpor forida Statutes.	prporation submits this statement for the ration's board of directors. I hereby acc		changing it pintment as	s registered registered
12. OFF	registered agent and title if applicable. (NO	DTE: Registered Agent signature rec		purpose of ept the appo	DIRECTOR	S IN 12
SIGNATURE Signature typical or product name of 12. OFFI HILE D	registered agent and title if applicable. (NO	OTE: Registered Agent signature rec	;;virad when reinstalling)	purpose of ept the appo		S IN 12
SIGNATURE Signature typesd or printed name of 12. OFFI THE D GARCIA, DIANE	registered agent and talls if applicable. (NO ICERS AND DIRECTORS	TE: Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME	;;virad when reinstalling)	purpose of ept the appo	DIRECTOR	S IN 12
SIGNATURE Signature typed or pointed name of 12. OFFI TILE D RAME GARCIA, DIANE STREET ADDRESS 6315 SOUTH DIXIE H	registered agent and talls if applicable. (NO ICERS AND DIRECTORS DELETE	TE: Registerad Agent eignature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	;;virad when reinstalling)	purpose of ept the appo	DIRECTOR	S IN 12
SIGNATURE Signature hyped or printed name of 12. OFFI TILLE D GARCIA, DIANE STREET ADDRESS CITY ST. ZIP SIGNATURE SIGNATU	registered agent and talls if applicable. (NO ICERS AND DIRECTORS DELETE	TE: Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME	;;virad when reinstalling)	purpose of ept the appo	DIRECTOR	IS IN 12
SIGNATURE Signature hyperd or printed name of 12. OFFI TILE D GARCIA, DIANE STREET ADDRESS CITY: ST. ZIP TITLE SIGNATURE SIGN	registered agent and talls if applicable. (NO ICERS AND DIRECTORS DELETE IIGHWAY FL 33405	TE: Registerad Agent eignature rec 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	;;virad when reinstalling)	purpose of ept the appo	DIRECTOR	IS IN 12
SIGNATURE Signature hyperd or printed name of D GARCIA, DIANE SIREEL ADDRESS GUY-SI-ZIP UTLE NAME STREET ADDRESS STREET ADDRESS	registered agent and talls if applicable. (NO ICERS AND DIRECTORS DELETE IIGHWAY FL 33405	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	;;virad when reinstalling)	purpose of ept the appo	DIRECTOR	IS IN 12
SIGNATURE Signature typed to printed name of OFFI TITLE NAME SIREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TOTALE STREEL ADDRESS CITY-ST-ZIP	registered agent and talls if applicable. (NO ICERS AND DIRECTORS DELETE IIGHWAY FL 33405	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	;;virad when reinstalling)	purpose of ept the appo	DIRECTOR Change Change	S IN 12 Addition
SIGNATURE Signature hyperd or printed name of DEFI THLE NAME SIREEL ADDRESS CITY - ST - ZIP THLE NAME STREET ADDRESS CITY - ST - ZIP THLE THLE	registered agent and talls if applicable. (NO ICERS AND DIRECTORS DELETE IIGHWAY FL 33405	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	;;virad when reinstalling)	purpose of ept the appo	DIRECTOR	S IN 12 Addition
SIGNATURE Signature typed or printed name of the street address city stiller NAME STREET ADDRESS CITY STILLER NAME STREET ADDRESS CITY STILLER NAME NAME NAME STREET ADDRESS CITY STILLER NAME	registered agent and talls if applicable. (NO ICERS AND DIRECTORS DELETE IIGHWAY FL 33405	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	;;virad when reinstalling)	purpose of ept the appo	DIRECTOR Change Change	S IN 12 Addition
SIGNATURE Signature hyped or profest name of the profess of the p	registered agent and talls if applicable. (NO ICERS AND DIRECTORS DELETE IIGHWAY FL 33405 DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	;;virad when reinstalling)	purpose of ept the appo	DIRECTOR Change Change Change	S IN 12 Addition Addition
SIGNATURE Signature hyperd or profits name of the profits name of	registered agent and talls if applicable. (NO ICERS AND DIRECTORS DELETE IIGHWAY FL 33405	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	;;virad when reinstalling)	purpose of ept the appo	DIRECTOR Change Change	S IN 12 Addition Addition
SIGNATURE Signature hyped or profest name of 12. OFFI THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME	registered agent and talls if applicable. (NO ICERS AND DIRECTORS DELETE IIGHWAY FL 33405 DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	;;virad when reinstalling)	purpose of ept the appo	DIRECTOR Change Change Change	S IN 12 Addition Addition
SIGNATURE Signature typed or profest name of 12. OFFI III.E RAME SIREEL ADDRESS CILY-SI-ZIP III.E NAME STRELL ADDRESS	registered agent and talls if applicable. (NO ICERS AND DIRECTORS DELETE IIGHWAY FL 33405 DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	;;virad when reinstalling)	purpose of ept the appo	DIRECTOR Change Change Change	S IN 12 Addition Addition
SIGNATURE Signature typed or product name of DRFI ILLE. OFFI ILLE GARCIA, DIANE 6315 SOUTH DIXIE H WEST PALM BEACH ILLE NAME STRELL ADDRESS CITY-ST-ZIP	registered agent and talls if applicable. (NO ICERS AND DIRECTORS DELETE IIGHWAY FL 33405 DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	;;virad when reinstalling)	purpose of ept the appo	DIRECTOR Change Change Change	S IN 12 Addition Addition Addition
SIGNATURE Signature typed or profest name of DRFI ILLE COFF CORVESTOR CO	Tregistered agent and talls if applicable. (NO ICERS AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	;;virad when reinstalling)	purpose of ept the appo	DIRECTOR Change Change Change	S IN 12 Addition Addition Addition
SIGNATURE Signature typed or profest name of the type of the profest name of the type of type	Tregistered agent and talls if applicable. (NO ICERS AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	;;virad when reinstalling)	purpose of ept the appo	DIRECTOR Change Change Change	Addition Addition
SIGNATURE Signature typed or profest name of the profest name of the profess of	TEGISTERED AGENT AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.4 CITY-ST-ZIP	;;virad when reinstalling)	purpose of ept the appo	DIRECTOR Change Change Change Change	Addition Addition Addition
SIGNATURE Signature typed or profest name of TITLE NAME STREET ADDRESS GILLY- ST-ZIP TITLE NAME STREET ADDRESS GILLY- ST-ZIP TITLE NAME STREET ADDRESS GILLY- ST-ZIP TITLE NAME STREET ADDRESS GILLY- ST-ZIP TITLE NAME STREET ADDRESS GILLY- ST-ZIP TITLE NAME STREET ADDRESS GILLY- ST-ZIP TITLE NAME STREET ADDRESS GILLY- ST-ZIP TITLE NAME STREET ADDRESS GILLY- ST-ZIP TITLE NAME STREET ADDRESS GILLY- ST-ZIP TITLE NAME STREET ADDRESS GILLY- ST-ZIP TITLE NAME STREET ADDRESS GILLY- ST-ZIP TITLE NAME STREET ADDRESS	Tregistered agent and talls if applicable. (NO ICERS AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	;;virad when reinstalling)	purpose of ept the appo	DIRECTOR Change Change Change	Addition Addition Addition
SIGNATURE Signature typed or printed name of 12. OFFI TILE D NAME GARCIA, DIANE SIREET ADDRESS 6315 SOUTH DIXIE H	TEGISTERED AGENT AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.4 CITY-ST-ZIP	;;virad when reinstalling)	purpose of ept the appo	DIRECTOR Change Change Change Change	