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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000055676

THERAPEUTIC WHEELCHAIR SPECIALIST, INC.

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· ·		Mailing	Mailing Address							•	
279 INTERSTATE CT 279 INTERSTATE CT SARASOTA FL 34210						١					
SARASOTA FL 34240 SARASOTA FL 34210 US US							DO NOT WRITE IN THIS SPACE				
**	·	-				F	3. Date Incorporated				
						ĺ	06/26/1996				
2. Principal F	Place of Business	2a. Mail	ling Address				4. FEI Number				Applied For
21	•	26					65-0677972				Not Applicable
Suite, Apt.	. #, etc.	Suite	Suite, Apt. #, etc.				\$8.75 Additional				Additional
22	£	[27]	<u> </u>				5. Certificate of Status Desired Fee Required				
City & Star	te	— ·	City & State				6. Election Campaig	n Financing	п .	\$5.0	May Be
23		28					Trust Fund Contri	bution		Adde	d to Fees
Zip	Country	Zip		Countr	У		8. This corporation of	-	nt year Inta		
24	25	29	4.64	30			Personal Property			X Yes	□No
	9. Name and Address of Curre			8	Name		10. Name and Addre	SS OT NEW R	egisterea /	Agent	
MAF	RSH JAMES P			١		3					
419	O DRAKESWOOD CIRCLE	CHUS! I	₹* .	8:	Stree	t Address	s (P.O. Box Number is	Not Acceptal	ble)		· · · · · · · · · · · · · · · · · · ·
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14. I 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 invitee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90071 047 ***150.00

CR2E034 (11/98)