

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

FILED

Jan 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000062603 (1)**

1. Corporation Name  
**TOTAL THERAPY, INC.**

Principal Place of Business <b>14540 WEST MARTIN LUTHER KING BLVD. OAKHILL PLAZA ALACHUA FL 32616-0549</b>	Mailing Address <b>POST OFFICE BOX 549 ALACHUA FL 32616-0549</b>
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2. Principal Place of Business 21 <b>531 SOUTH MARION ST.</b> Suite, Apt. #, etc. 22 City & State 23 <b>LAKE CITY, FLORIDA</b> Zip Country 24 <b>32025</b> 25 <b>U.S.A.</b>	2a. Mailing Address 26 <b>531 SOUTH MARION ST.</b> Suite, Apt. #, etc. 27 City & State 28 <b>LAKE CITY, FLORIDA</b> Zip Country 29 <b>32025</b> 30 <b>U.S.A.</b>
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3. Date Incorporated or Qualified <b>07/25/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-3401380</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WILLIAMS, LINDA E  
14540 WEST MARTIN LUTHER KING BLVD.  
OAKHILL PLAZA  
ALACHUA FL 32616-0549**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <b>531 SOUTH MARION ST</b>	83	84 City <b>LAKE CITY</b>	85 Zip Code <b>FL 32025</b>
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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

Signature, typewriter or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, LINDA E</b>	1.2 NAME	
STREET ADDRESS	<b>ROUTE 10, BOX 163</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE CITY FL 32025</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, GUY N</b>	2.2 NAME	
STREET ADDRESS	<b>ROUTE 10, BOX 163</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE CITY FL 32025</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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, or on an attachment with an address

SIGNATURE:

*Linda E Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

0069062