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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 9

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000011163 (7)

FILED Mar 10 1998 8:00am Secretary of State

	ER THERAPY SERVICE						
Principal Place	e of Business	Ma	ailing Address			ir Emili Anim: 11841 11841 31	410 A1168 LLS (89)
3211 W. BUENA VISTA MARGATE FL 33063			3211 W. BUENA VISTA Margate Fl 33063		DO NOT WRIT	TE IN THIS SPACE	
					3. Date Incorporated or Qualified		
					_ L		
2. Principal Pl	ace of Business	28.	Mailing Address		01/31/1997 4. FEI Number		Applied For
21		26	3 · · · ·		65-07365	9.8	Not Applicable
Suite, Apt. (#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.7	5 Additional
22		27	City & State				Required
City & State	J	آموا	City & State		6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Z ip	Country	28	Zip	Country	8. This corporation owes or has p		
24]	25	29	- 4	30	Personal Property Tax due Jur	M-2 '	□ No
1	g. Name and Address of (lered Agent	[30]	10. Name and Address of New F		
D.	ARKER, HOLLY			81 Name			
	211 W. BUENA VISTA			82 Street Add	dress (P.O. Box Number is Not Accepta	able)	···
	ARGATE FL 33063			. Stroot Au	cress (i .O. box regimber is not Accepte	able)	
***				83			
				84 City		lee 1 7	ip Code
				CRY		FL 85 2	ip Code
11. Pursuant t	to the provisions of Sections 6th	07.0502 and 60	07.1508. Florida Stat	utes, the above-named cor	rporation submits this statement for the	purpose of changin	g its registered
agent. I ar	m familiar with, and accept the	e State of Floric e obligations of	la. Such change was , Section 607.0505, l	s authorized by the corpora Florida Statules.	rporation submits this statement for the ation's board of directors. I hereby acc	ept the appointment	as registered
agent. I ar	m familiar with, and accept the Signature, typed or profiled name of regist	obligations of	, Section 607.0505, I	s authorized by the corpora Florida Statules. OTF Registered Agent signature requ		DATE	as registered
signature	m familiar with, and accept the Signature, typed or prefet dame of regist OFFICE!	obligations of	, Section 607.0505, literation (N	Florida Statutes.		DATE	ORS IN 12
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indicated on this annual repair or supporting a minute report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a officer or director of the conjunctation or in or fuceiver of trustoc 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 in attachment with an address