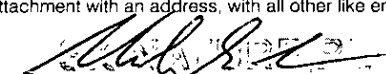


DOCUMENT # P97000058921			
1. Entity Name GREATER ORLANDO THERAPY CLINIC, INC.			
Principal Place of Business 995 N STATE RD 434, SUITE 405 ALTAMONTE SPRINGS FL 32714		Mailing Address 995 N STATE RD 434, SUITE 405 ALTAMONTE SPRINGS FL 32714-7031	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
CLOW, JOAN 7949 BRIDGESTONE DRIVE ORLANDO FL 32835			Name
			Street Address (If different from above)
			City
			State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE	S/T CLOW, CHARLES E 7949 BRIDGESTONE DR ORLANDO FL 32835	☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
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12.			
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: SEC/TM			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

[illegible]

DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 59-3458810		Applied For	
						Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CLOW, JOAN 7949 BRIDGESTONE DRIVE ORLANDO FL 32835				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State			10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	S/T ☐ Delete			TITLE	☐ Change ☐ Addition		
NAME	CLOW, CHARLES E			NAME			
STREET ADDRESS	7949 BRIDGESTONE DR			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32835			CITY-ST-ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  sec/TM				3-13-00 407-831-1333			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			