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

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PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 22 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000020309**

1. Corporation Name
**SPECIALIZED THERAPY CENTER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O JUPITER LAW CENTER, CHASEWOOD PLAZA<br>SUITE 30, 6390 INDIANTOWN ROAD<br>JUPITER FL 33458 | C/O JUPITER LAW CENTER, CHASEWOOD PLAZA<br>SUITE 30, 6390 INDIANTOWN ROAD<br>JUPITER FL 33458 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1998

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 Specialized Therapy Ctr, Inc | 26 Specialized Therapy Center, Inc |
| Suite, Apt. #, etc | Suite, Apt. #, etc |
| 22 204 E. Sugarland | 27 204 E. Sugarland Hwy |
| City & State | City & State |
| 23 Clewiston, FL | 28 Clewiston, FL |
| Zip / Country | Zip / Country |
| 24 FL 25 Hendry | 29 33440 30 Hendry |

4. FEI Number: ✓65-0820998 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired: [X] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] — $5.00 May Be Added to Fees

8. Does corporation owe any Florida Personal Property Tax? [✓] Yes [ ] No

9. Name and Address of Current Registered Agent

GUMSON, RICHARD P
C/O JUPITER LAW CENTER, CHASEWOOD PLAZA
SUITE 30, 6390 INDIANTOWN ROAD
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name: Richard L. Heffernan PA
82 Street Address (P.O. Box Number is Not Acceptable): 2911 East Main St
83 PO Box 617
84 City: Rhokee FL 85 Zip Code: 33476

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: Richard L. Heffernan — Richard L. Heffernan — 3/18/99
Signature, typed or printed name of registered agent — (Title if applicable) — Registered Agent — Date

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | [ ] DELETE | 11 TITLE [ ] Change [ ] Addition |
| NAME | PEREZ, JANIE J | | 12 NAME |
| STREET ADDRESS | 603 RIDGEVIEW CIR | | 13 STREET ADDRESS |
| CITY-ST-ZIP | CLEWISTON FL 33440 | | 14 CITY-ST-ZIP |
| TITLE | | [ ] DELETE | 21 TITLE [ ] Change [ ] Addition |
| NAME | | | 22 NAME |
| STREET ADDRESS | | | 23 STREET ADDRESS |
| CITY-ST-ZIP | | | 24 CITY-ST-ZIP |
| TITLE | | [ ] DELETE | 31 TITLE [ ] Change [ ] Addition |
| NAME | | | 32 NAME |
| STREET ADDRESS | | | 33 STREET ADDRESS |
| CITY-ST-ZIP | | | 34 CITY-ST-ZIP |
| TITLE | | [ ] DELETE | 41 TITLE [ ] Change [ ] Addition |
| NAME | | | 42 NAME |
| STREET ADDRESS | | | 43 STREET ADDRESS |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP |
| TITLE | | [ ] DELETE | 51 TITLE [ ] Change [ ] Addition |
| NAME | | | 52 NAME |
| STREET ADDRESS | | | 53 STREET ADDRESS |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP |
| TITLE | | [ ] DELETE | 61 TITLE [ ] Change [ ] Addition |
| NAME | | | 62 NAME |
| STREET ADDRESS | | | 63 STREET ADDRESS |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP |

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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 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, with all other like empowered.

**SIGNATURE:** [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99 — Date

941 - 983 - 7697 — Daytime Phone #