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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000080246

1. Corporation Name

COMPLETE CARE THERAPY SERVICES, INC.



Principal Place of Business

**1624 S.E. 29TH TERR.
OCALA FL 34471**

Mailing Address

**1624 S.E. 29TH TERR.
OCALA FL 34471**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1998

4. FEI Number

59-3533829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 7172 SW College Rd

Suite, Apt. #, etc.

2a. Mailing Address

26 7172 SW College Rd

Suite, Apt. #, etc.

City & State

23 Ocala, Florida

Zip

Country

24 34476 25 USA

City & State

28 Ocala, Florida

Zip

Country

29 34476 30 USA

9. Name and Address of Current Registered Agent

**DIAZ, ELLA PARAS
1624 S.E. 29TH TERR.
OCALA FL 34471**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SCHWARTZ, JONATHAN**
STREET ADDRESS **4136 N.E. 18TH TERR.**
CITY-ST-ZIP **OCALA FL 34479**

TITLE **D** ☐ DELETE
NAME **DIAZ, ELLA PARAS**
STREET ADDRESS **1624 S.E. 29TH TERR.**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **D** ☐ DELETE
NAME **WILLIAMS, SHERRI LYNNE**
STREET ADDRESS **10792 S.W. 198TH TERR.**
CITY-ST-ZIP **DUNNELLON FL 34430**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELLA PARAS DIAZ **X** **4/6/99** **(352)8540989**

CR2E034 (1/98)