

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000084590**

1. Corporation Name

TREASURE COAST THERAPY SERVICES, INC.

Principal Place of Business

**2101 S.E. HERRON AVENUE
PORT ST. LUCIE FL 34952**

Mailing Address

**2101 S.E. HERRON AVENUE
PORT ST. LUCIE FL 34952**

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90151 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1998

4. FEI Number

65-0868009

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

2a. Mailing Address

21 360 Alice Avenue

26 360 Alice Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Stuart Florida

27 City & State

28 Stuart Florida

24 Zip Country

34994

29 Zip Country

34994

9. Name and Address of Current Registered Agent

**SAMPSON, CRAIG
2101 S.E. HERRON AVENUE
PORT ST. LUCIE FL 34952**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 **Craig Sampson**

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

(NOTE: Registered Agent signature required when reinstating)

2/25/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D SAMPSON, CRAIG**
STREET ADDRESS **2101 S.E. HERRON AVENUE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Craig Sampson **Craig Sampson**

2/25/99

561-6922566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

05118/4