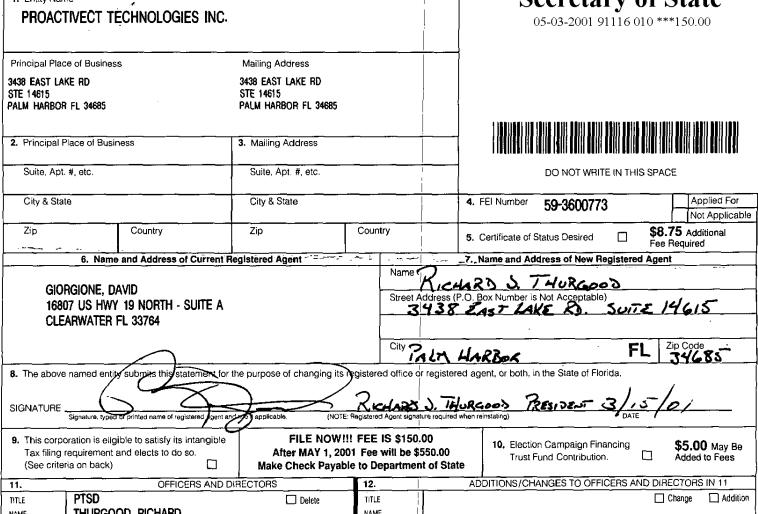
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000068070 1. Entity Name PROACTIVE OT TECHNICIONISTS INC.

FILED May 03, 2001 8:00 am Secretary of State



11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTSD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	THURGOOD, RICHARD		NAME			(
STREET ADDRESS	4133 MALLARD DR		STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL 34695		CITY-ST-ZIP			
TITLE	V	☐ Delete	TITLE		Change	☐ Addition
NAME	THUZGOOD, KAREN	•	NAME			i
STREET ADDRESS	4133 MALLARD DR		STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL 34695		CITY-ST-ZIP			
TITLE			TITLE .	A weeks and the same	Change	Addition
NAME			NAME	- *m=== .		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	_		
TITLÉ		☐ Delete	TITLE		Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS)
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			Ì
STREET ADDRESS			STREET ADDRESS			ì
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME :			
STREET ADDRESS		•	STREET ADDRESS			ì
CITY-ST-ZIP		*,	CITY-ST-ZIP	118.5		

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 supplied ental 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:

SIGNATURE AND PPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTO

RICHARD S. THURGOOD

3/45-/01

(727) 459 - 863 7

CR2E034 (10/00)