FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 11 PM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S82174** **(1)**

1. Corporation Name
PERSONAL THERAPISTS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2691 E. OAKLAND PARK BLVD. STE. 201 FT. LAUDERDALE FL 33306	5531 NE 31ST AVE. FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
09/24/1991	06/13/1994

2. Principal Place of Business	2a. Mailing Address
21 2400 E. Commercial Blvd	26 5511 N.E. 31 Ave
Suite, Apt. #, etc. 22 Ste. 222	Suite, Apt. #, etc. 27
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale, FL
Zip / Country 24 33308 / 25 Broward	Zip / Country 29 33308 / 30 Broward

4. FEI Number: 65-0396816 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHULTZ, GARRY E 5531 NE 31ST AVE. FT LAUDERDALE FL 33308	81 Name: SCHULTZ, GARRY E 82 Street Address (P.O. Box Number is Not Acceptable): 5511 NE 31ST AVE 83 84 City: FT LAUDERDALE FL 85 Zip Code: 33308

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] Garry E. Schultz, Vice President 4/26/95
Signature, typed or printed name of registered agent, and if applicable, the office held (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	BELLEHUMEUR, DENNIS	12 NAME	BELLEHUMEUR, DENNIS	
STREET ADDRESS	5531 NE 31ST AVE.	13 STREET ADDRESS	5511 NE 31ST AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	14 CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	21 TITLE	V/D	☒ Change ☐ Addition
NAME	SCHULTZ,GARRY	22 NAME	SCHULTZ, GARRY	
STREET ADDRESS	5531 NE 31ST AVE.	23 STREET ADDRESS	5511 NE 31ST AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	24 CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		31 TITLE	D	☐ Change ☒ Addition
NAME		32 NAME	CHAPMAN, RONALD	
STREET ADDRESS		33 STREET ADDRESS	2690 CROOKS ROAD, STE 307	
CITY-ST-ZIP		34 CITY-ST-ZIP	TROY, MI 48084	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] Garry E. Schultz, VP 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone Number: 305 772-9888

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