CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:31

DOCUMENT # V33739 (6)

1. Corporation Name
OCCUPATIONAL THERAPY SPECIALISTS, INC.

Principal Place of Business	Mailing Address
2031 W. ST. MARTINS DR. JACKSONVILLE FL 32246 US	2031 W. ST. MARTINS DR. JACKSONVILLE FL 32246 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1992
3a. Date of Last Report: 05/24/1994

2. Principal Place of Business
21: 12744 AZTEC DR. NORTH
22: Suite, Apt. #, etc.
23: City & State: Jacksonville, FL
24: Zip: 32246
25: County: DUVAL

2a. Mailing Address
26: PO BOX 550692
27: Suite, Apt. #, etc.
28: City & State: Jacksonville, FL
29: Zip: 32255
30: County:

4. FEI Number: 59-3124186 ☐ 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

SCOTT, KIM BRISS
2031 W. ST. MARTINS DRIVE
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name: SCOTT, KIM BRISS
82 Street Address (P.O. Box Number is Not Acceptable): 12744 AZTEC DRIVE NORTH
83:
84 City: Jacksonville FL 85 Zip Code: 32246

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: X Kim Briss Scott — 4/12/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mail/fax) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☑ Change ☐ Addition
NAME	SCOTT, KIM BRISS	12 NAME	SCOTT, KIM BRISS	
STREET ADDRESS	2031 W. ST. MARTINS DR.	13 STREET ADDRESS	12744 AZTEC DRIVE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JAX, FL	
TITLE	D	21 TITLE	D	☑ Change ☐ Addition
NAME	SCOTT, JAMES M.	22 NAME	SCOTT, JAMES M	
STREET ADDRESS	2031 W. ST. MARTINS DR.	23 STREET ADDRESS	12744 AZTEC DRIVE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	JAX, FL	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
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: James M. Scott — 4/2/95 — 904 221-9176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024481 CP