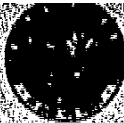


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Morahan
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.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

2031 W. ST. MARTINS DR.
JACKSONVILLE FL 32246
US

Mailing Address

2031 W. ST. MARTINS DR.
JACKSONVILLE FL 32246
US

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

2a. Mailing Address

26 PO BOX 550692

4. FEI Number

59-3124186

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Jacksonville, FL

City & State

27 Jacksonville, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 32246

County

25 DUVAL

Zip

29 32255

County

30

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

Kim Briss

(NOTE: Registered Agent signature required when resigning)

4/2/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCOTT, KIM BRISS
STREET ADDRESS	2031 W. ST. MARTINS DR.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	D
NAME	SCOTT, JAMES M.
STREET ADDRESS	2031 W. ST. MARTINS DR.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	SCOTT, KIM BRISS	
1.3 STREET ADDRESS	12744 AZTEC DRIVE NORTH	
1.4 CITY, ST, ZIP	JAX, FL	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	SCOTT, JAMES M	
2.3 STREET ADDRESS	12744 AZTEC DRIVE NORTH	
2.4 CITY, ST, ZIP	JAX, FL	
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 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)(b), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/95

904 221-9176