

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

FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V41994 (7)

1. Corporation Name: HARBORSIDE OCCUPATIONAL THERAPY, INC.



Principal Place of Business: 3436 MARINATOWN LANE SUITE U-1 N. FT. MYERS FL 33903
Mailing Address: 3436 MARINATOWN LANE SUITE U-1 N. FT. MYERS FL 33803-7047

3. Date Incorporated or Qualified: 06/05/1992
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business: 21 3401 Hancock Bridge
22 City & State: N. Fort Myers FL
23 Zip: Lee
24 Country: Lee
2a. Mailing Address: 26 1317 Caloosa Dr
27 City & State: Ft Myers, FL
28 Zip: 33901
29 Country: Lee

4. FEI Number: 65-0340031
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

BENNETT, RENE'
3436 MARINATOWN LANE SUITE U-1 NORTH FT. MYERS FL 33901

81 Name: Same Bennett, Rene'
82 Street Address (P.O. Box Number is Not Acceptable): 1317 Caloosa Drive
83
84 City: Ft Myers FL 85 Zip Code: 33901

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	BENNETT, BRETT	
STREET ADDRESS	3436 MARINATOWN LANE	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	BENNETT, RENE'	
STREET ADDRESS	3436 MARINATOWN LANE	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1317 Caloosa Drive	
1.4 CITY-ST-ZIP	Ft Myers, FL 33901	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1317 Caloosa Drive	
2.4 CITY-ST-ZIP	Ft Myers, FL 33901	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is based 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: Rene' Bennett Vice president 2/7/97 (94) 337-1033

CR2E034 (9/96)