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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



Secretary of State DIVISION OF CORPORATIONS

FILED Jun 07, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

06-07-1999 90014 016 ***550.00

	ERAL THERAPY ASSOCIAT	E3, INC.							
Principal Place	of Business	Mailing Address				. 1601811: 00: 0::00 ::161 10:0: 18:0: 0:	II	81 410 11 4 1011	91911 W1811 1961
380 S. NORTHLA	AKE RIVO	380 S. NORTHLAKE BLVD.			-				*
SUITE 1032	SUITE 1032	TE 1032			DO MOT MEDITE II		DAGE		
ALTAMONTE SPRINGS FL 32701		ALTAMONTE SPRINGS FL 32701				DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed			
		A A State of Address of				12/28/1988 4. FEI Number			-tind For
<u> </u>	ace of Business	2a. Mailing Address				59-2920860		·	optied For of Applicable
Suite, Apt. #	f -1-	Suite, Apt. #, etc.				39-2920000			Additional
	r, etc.					5. Certifcate of Status Desired)		equired
City & State		City & State	_			6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution]		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current	vear Intar	ngible	
24	25	29	30			Personal Property Tax.		∐Yes	□No
	9. Name and Address of Curre					10. Name and Address of New Regis	stered A	gent	
				81 Nam	ne				ļ
	IN, LAWRENCE J			82 Stre	et Addres	ss (P.O. Box Number is Not Acceptable)		-	
225 E ROBINSON ST SUITE 600				0.0	or / ladi o	35 (1.5. 25) 110///55 (5.15)			
ORLA	NDO FL 32801			83					
ĺ				84 City				85 Zip	Code
							FL	1 '	
l office or re	gistered agent, or both, in the State	of Florida. Such change was a	uthorized	by the co	ed.corpor	ration submits this statement for the purp 's board of directors. I hereby accept the	oose of c e appoint	hanging its ment as re	registered gistered
agent. I an	n familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statu	ites.		•			
SIGNATURE							DATE		
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE ND DIRECTORS	: Registered	Agent signatu	re required v	ADDITIONS/CHANGES TO OFFICE		DIRECTO	ORS IN 12
TITLE	D OFFICERS A)	DELETE	1.1 TIT		\top	7.00110107011711020 70 011101		Change	Addition
	MACLEAY, MICHAEL R.		1.2 NA						
NAME	500 WINDERLEY PLACE STE		1.210	MIL					
STREET ADDRESS	MAITLAND FL	99 <i>1</i>	1201	DEET ADDRE	90				
C/TY-ST-Z/P		224	•	REET ADORE	ss				
i imic I			1.4 CF	Y-ST-ZIP	SS			Change	Addition
TITLE	D	DELETE	1.4 CF 2.1 TIT	Y-ST-ZIP LE	SS			☐ Change	Addition
NAME	D Vogt, Stephen C.	☐ DELETE	1.4 CF 2.1 TIT 2.2 NA	Y-ST-ZIP LE ME				Change	Addition
NAME STREET ADDRESS	D VOGT, STEPHEN C. 500 WINDERLEY PLACE STE	☐ DELETE	1.4 CF 2.1 TIT 2.2 NA 2.3 ST	Y-ST-ZIP LE ME REET ADDRE				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	D Vogt, Stephen C. 500 Winderley Place Ste : Maitland Fl	☐ DELETE	1.4 CF 2.1 TIT 2.2 NA 2.3 ST	Y-ST-ZIP LE ME REET ADDRE TY-ST-ZIP				☐ Change	Addition
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14. 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 annual report of 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 of 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, and a attachage with an address, with all other like empowered.

SIGNATURE:

PAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #