

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

FILED

**Apr 22 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 # P13657 (2)
1. Corporation Name
THERA-KINETICS, INC.



Principal Place of Business: 1300 RT 73 MOUNT LAUREL, NJ. 08054
Mailing Address: 1300 RT 73 MOUNT LAUREL, NJ. 08054-2200

3. Date Incorporated or Qualified: 03/18/1987
3a. Date of Last Report: 05/01/1996
4. FEI Number: 22-2669357
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	AYERS, DON	
STREET ADDRESS	6125 MEMORIAL DRIVE	
CITY - ST - ZIP	DUBLIN OH	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PORTER, CRAIG	
STREET ADDRESS	715 BRANDWINE DRIVE	
CITY - ST - ZIP	MOORESTOWN NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BROWN, JACK	
STREET ADDRESS	511 S 18TH STREET	
CITY - ST - ZIP	PHILADELPHIA PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KIMMELMAN, RICHARD	
STREET ADDRESS	1625 MEMORIAL DR.	
CITY - ST - ZIP	DUBLIN OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARRETT, REBECCA	
STREET ADDRESS	6225 MEMORIAL DRIVE	
CITY - ST - ZIP	DUBLIN OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAIMAN, S. LAWRENCE	
STREET ADDRESS	1411 WALNUT ST #1014	
CITY - ST - ZIP	PHILADELPHIA PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LANCIE POWLSON	
1.3 STREET ADDRESS	6225 MEMORIAL DR.	
1.4 CITY - ST - ZIP	DUBLIN OHIO 43017	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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 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 in an attachment with an address.

SIGNATURE: *[Signature]* JACK N. BROWN Date: 4/14/97 Daytime Phone: 609-778-1166

CR2E034 (9/96)