

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P93000076847 (1)

1. Corporation Name
MEDTHERAPY CENTER INC.



Principal Place of Business: ~~2000 S DIXIE HWY #114 COCONUT GROVE FL 33133~~
Mailing Address: ~~2000 S DIXIE HWY #114 COCONUT GROVE FL 33133~~

3. Date Incorporated or Qualified: **11/05/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0446434**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$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 1516 VENERA AVE**
22 City & State: **23 CORAL GABLES, FL.**
24 Zip: **33146** 25 Country: **USA**
26 Mailing Address: **26 1516 VENERA AVE.**
27 City & State: **28 CORAL GABLES, FL.**
29 Zip: **33146** 30 Country: **USA**

9. Name and Address of Current Registered Agent: **RAFULS, ANNE**
2000 S DIXIE HWY #114
COCONUT GROVE FL 33133
Change Address
10. Name and Address of New Registered Agent:
81 Name: **RAFULS, ANNE**
82 Street Address (P.O. Box Number is Not Acceptable): **1516 VENERA AVE.**
83 City: **CORAL GABLES** 84 State: **FL** 85 Zip Code: **33146**

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	RAFULS, WILLIAM A MD	1.2 NAME	RAFULS, WILLIAM A. M.D.
STREET ADDRESS	2000 S DIXIE HWY #114	1.3 STREET ADDRESS	1516 VENERA AVE.
CITY-ST-ZIP	COCONUT GROVE FL 33133	1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33146
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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: _____ DATE: **1-25-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
TELEPHONE: **(305) 662-7700**

CR2E034 (12/95)