

**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: **1516 VENERA AVE**  
2a. Mailing Address: **1516 VENERA AVE.**  
21. Suite, Apt. #, etc.:  
22. City & State: **CORAL GABLES, FL.**  
23. City & State: **CORAL GABLES, FL.**  
24. Zip: **33146** 25. Country: **USA**  
26. Suite, Apt. #, etc.:  
27. City & State:  
28. City & State:  
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**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable): **1516 VENERA AVE.**  
83.  
84. City: **CORAL GABLES** 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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RAFULS, WILLIAM A MD	
STREET ADDRESS	2000 S DIXIE HWY #114	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAFULS, WILLIAM A. M.D.	Address
1.3 STREET ADDRESS	1516 VENERA AVE.	
1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33146	
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 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)