


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90015 034 \*\*\*550.00

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|   |   |  |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # P95000040955**  
 1. Corporation Name  
**Theranet, Inc.**



|  |  |
|--|--|
| Principal Place of Business<br>701 ENTERPRISE RD E<br>STE. 910<br>SAFETY HARBOR FL 34695<br>US | Mailing Address<br>701 ENTERPRISE RD E<br>STE. 910<br>SAFETY HARBOR FL 34695<br>US |
|--|--|

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**05/22/1995**

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>30             |

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-3322038</b>  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees    |
| 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent  
**SULLIVAN, TERRY**  
**67 BAYWOOD DRIVE**  
**SAFETY HARBOR FL 34695**

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

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: *Terry Sullivan* DATE: **07-26-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | P                      | <input type="checkbox"/> DELETE |
| NAME           | SULLIVAN, JENNIFER     |                                 |
| STREET ADDRESS | 2118 FLAMINGO PL.      |                                 |
| CITY-ST-ZIP    | SAFETY HARBOR FL 34695 |                                 |
| TITLE          | V                      | <input type="checkbox"/> DELETE |
| NAME           | SULLIVAN, TERRY        |                                 |
| STREET ADDRESS | 67 BAY WOODS DR.       |                                 |
| CITY-ST-ZIP    | SAFETY HARBOR FL 34695 |                                 |
| TITLE          | T                      | <input type="checkbox"/> DELETE |
| NAME           | SULLIVAN, TERRY        |                                 |
| STREET ADDRESS | 67 BAY WOODS DR.       |                                 |
| CITY-ST-ZIP    | SAFETY HARBOR FL 34695 |                                 |
| TITLE          | S                      | <input type="checkbox"/> DELETE |
| NAME           | SULLIVAN, TERRY        |                                 |
| STREET ADDRESS | 67 BAY WOODS DR.       |                                 |
| CITY-ST-ZIP    | SAFETY HARBOR FL 34695 |                                 |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 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 checked="" type="checkbox"/> Addition |
| 5.2 NAME           | <b>CHIEF EXECUTIVE OFFICER</b>   |
| 5.3 STREET ADDRESS | <b>JOHN T. SULLIVAN</b>  |
| 5.4 CITY-ST-ZIP    | <b>67 BAY WOODS DRIVE</b><br><b>SAFETY HARBOR, FL 34695</b>                  |
| 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 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 on an attachment with an address.

SIGNATURE: *John T. Sullivan* **JOHN T. SULLIVAN** DATE: **07/26/99** PHONE: **727-669-7202**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)