

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90829 044 \*\*\*150.00

**DOCUMENT # P95000040955**

1. Entity Name  
**THERANET, INC.**

Principal Place of Business Mailing Address  
~~701 ENTERPRISE RD E STE 910 SAFETY HARBOR FL 34695 US~~ **2963 Gulf To Bay Blvd Ste #210 Clearwater FL 33759**  
~~701 ENTERPRISE RD E STE 910 SAFETY HARBOR FL 34695 US~~ **2963 Gulf To Bay Blvd Ste #210 Clearwater FL 33759**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
**2963 Gulf To Bay Blvd Ste #210 Clearwater, FL 33759 US**  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country  
**Same Clearwater, FL 33759 US**  
 4. FEI Number **59-3322038** Applied For  Not Applicable   
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~SULLIVAN, TERRY 67 BAYWOOD DRIVE SAFETY HARBOR FL 34695~~ **Jennifer Sullivan 2118 Flamingo Place Safety Harbor, FL 34695**  
 7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: **FL** Zip Code: \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE: DATE: **01/10/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, JENNIFER</b>	NAME	
STREET ADDRESS	<b>2118 FLAMINGO PL.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34695</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, TERRY</b>	NAME	
STREET ADDRESS	<b>67 BAY WOODS DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34695</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, TERRY</b>	NAME	
STREET ADDRESS	<b>67 BAY WOODS DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34695</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, TERRY</b>	NAME	
STREET ADDRESS	<b>67 BAY WOODS DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34695</b>	CITY-ST-ZIP	
TITLE	<b>CEO</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, JOHN T</b>	NAME	
STREET ADDRESS	<b>67 BAY WOODS DR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34695</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: **01/10/01** DAYTIME PHONE #: **(727) 669-7200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)