

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

FILED

96 SEP -6 AM 9:52

DOCUMENT # P95000086389 (0)

1. Corporation Name

THERALINK, INCORPORATED

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business: 418 SAN JUAN AVENUE NAPLES FL 33962  
 Mailing Address: 418 SAN JUAN AVENUE NAPLES FL 33962

3. Date incorporated or Qualified <b>11/09/1995</b>	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc
22 City & State	27 City & State
23 Zip	28 Country
24	25
29 Zip <b>CHANGE 34113</b>	30 Country

9. Name and Address of Current Registered Agent  
**WOLFF, CASEY ESQ.  
 PAULICH, O'HARA & SLACK, P.A.  
 2150 GOODLETTE ROAD, 6TH FLOOR  
 NAPLES FL 33940**

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

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, and 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 \_\_\_\_\_ (Type or print name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURIE C. RUBIO	12 NAME	
STREET ADDRESS	418 SAN JUAN AVE	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	14 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN CUDMORE	22 NAME	
STREET ADDRESS	418 SAN JUAN AVE	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	24 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURIE C RUBIO	32 NAME	
STREET ADDRESS	418 SAN JUAN AVE	33 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	34 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN CUDMORE	42 NAME	
STREET ADDRESS	418 SAN JUAN AVE	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

**BANK** **89-11-96**

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN CUDMORE V/T 8/7/96 (94)403-0065

CR2E034 (3/96)