

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000086389 (0)
 1. Corporation Name
THERALINK, INCORPORATED



Principal Place of Business 418 SAN JUAN AVENUE NAPLES FL 34113	Mailing Address 418 SAN JUAN AVENUE NAPLES FL 34113
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/09/1995	
21	26	4. FEI Number 65-0625680		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 607.0507 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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIO, CURIE C	1.2 NAME	CUDMORE, C. JOHN G.
STREET ADDRESS	418 SAN JUAN AVE.	1.3 STREET ADDRESS	418 SAN JUAN AVE
CITY-ST-ZIP	NAPLES FL 34113	1.4 CITY-ST-ZIP	NAPLES FL 34113
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUDMORE, JOHN	2.2 NAME	CUDMORE, CURIE C.
STREET ADDRESS	418 SAN JUAN AVE.	2.3 STREET ADDRESS	418 SAN JUAN AVE
CITY-ST-ZIP	NAPLES FL 34113	2.4 CITY-ST-ZIP	NAPLES FL 34113
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIO, CURIE C	3.2 NAME	CUDMORE, CURIE C.
STREET ADDRESS	418 SAN JUAN AVE.	3.3 STREET ADDRESS	418 SAN JUAN AVE
CITY-ST-ZIP	NAPLES FL 34113	3.4 CITY-ST-ZIP	NAPLES FL 34113
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUDMORE, JOHN	4.2 NAME	CUDMORE, C. JOHN G.
STREET ADDRESS	418 SAN JUAN AVE.	4.3 STREET ADDRESS	418 SAN JUAN AVE
CITY-ST-ZIP	NAPLES FL 34113	4.4 CITY-ST-ZIP	NAPLES FL 34113
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	MANAGING DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	CUDMORE, C. JOHN G.
STREET ADDRESS		5.3 STREET ADDRESS	418 SAN JUAN AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NAPLES FL 34113
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, on an attachment with an address.

SIGNATURE: _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) _____ DATE: **5/22/98**

CR2E034 (10/97)