

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90143 020 ***150.00

UICMWD AI

DOCUMENT # P95000086389

1. Entity Name
THERALINK, INCORPORATED

Principal Place of Business Mailing Address

532 PARK ST **P O BOX 262**
NAPLES FL 34102 **NAPLES FL 34106**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0625680** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CUDMORE, C JOHN G
418 SAN JUAN AVE
NAPLES FL 34113

7. Name and Address of New Registered Agent

Name **CUDMORE, C JOHN G**
 Street Address (P.O. Box Number is Not Acceptable) **532 PARK ST**
 City **NAPLES** FL Zip Code **34102**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **7/14/02**

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. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUPMORE, C JOHN G 418 SAN JUAN AVE. NAPLES FL 34113 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUDMORE, CURIE C 418 SAN JUAN AVE. NAPLES FL 34113 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUDMORE, CURIE C 418 SAN JUAN AVE. NAPLES FL 34113 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUDMORE, C JOHN G 418 SAN JUAN AVE. NAPLES FL 34113 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD CUDMORE, C JOHN G 418 SAN JUAN AVE NAPLES FL 34113 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUDMORE, C JOHN G 532 PARK ST NAPLES FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUDMORE, C JOHN G 532 PARK ST NAPLES FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUDMORE, C JOHN G 532 PARK ST NAPLES FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUDMORE, C JOHN G 532 PARK ST NAPLES FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD CUDMORE, C JOHN G 532 PARK ST NAPLES FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **4/17/02** Daytime Phone # **(239) 262-6565**
(239) 250-2143

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Attachment P95000086389/
Division of Corporations 1675281
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Theralink, Inc.
532 Park St
Naples FL 34102

To Whom it may concern,

Theralink, Inc. did not receive the 2002 Uniform Business Report and we did not realize it until this late filing form arrived with \$400. late penalty. We went online and telephoned. The tele phone message explained what to do; this is what was requested.

Sincerely,
Jen Cadore