

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000004420 (6)

1. Corporation Name

PRECISION THERAPY INTERNATIONAL, INC.



Principal Place of Business	Mailing Address
2901 NORTHEAST 185TH STREET NORTH MIAMI BEACH FL 33180	2901 NORTHEAST 185TH STREET NORTH MIAMI BEACH FL 33180

3. Date Incorporated or Qualified 09/30/1993	3a. Date of Last Report 05/01/1995
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21. Principal Place of Business 2901 NE 185TH STREET	2a. Mailing Address 2901 NE 185TH STREET
22. Suite, Apt. #, etc. N/A	27. Suite, Apt. #, etc. N/A
23. City & State N. MIAMI BEACH, FL	28. City & State N. MIAMI BEACH, FL
24. Zip 33180	29. Zip 33180
25. Country USA	30. Country USA

4. FET Number 58-2071758	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input 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 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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, 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 _____ DATE _____
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	NORDIN, BERNOT	
STREET ADDRESS	1680 MERIDIAN AVE., SUITE 316	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARGILL, R. MASON	
STREET ADDRESS	303 PEACHTREE ST., 3500 ONE PEACHTREE CNTR	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARSHALL, ROBERT	
STREET ADDRESS	8 EXECUTIVE PARK WEST	
CITY-ST-ZIP	ATLANTA GA 30329	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LITTORIN, SVERKER	
STREET ADDRESS	SKEPPARGATAN 8	
CITY-ST-ZIP	S-114 52 STOCKHOLM, SWEDEN	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	LEKSELL, LAURENT	
STREET ADDRESS	SKEPPARGATAN 8	
CITY-ST-ZIP	S-114 52 STOCKHOLM, SWEDEN	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4-26-96** (305) 687-8118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)