SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -5 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005684 (5)

1. Corporation Name
THERA-PLUS INC.

Principal Place of Business	Mailing Address
7040 W. PALMETTO PARK RD #170 BOCA RATON FL 33433	7040 W. PALMETTO PARK RD #170 BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1994
3a. Date of Last Report:

4. FEI Number: ~~APPLIED FOR~~ 65-0537960 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election campaign financing trust fund contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

~~WOLFE, LARRY~~
~~200-A JOHN KNOX RD~~
~~TALLAHASSEE FL 32303-6643~~
ALAN LIEBERMAN
7598 STOCKTON TERRACE
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

61 Name: ALAN LIEBERMAN
62 Street Address (P.O. Box Number is Not Acceptable)
63 7598 STOCKTON TERRACE
64 City: BOCA RATON FL 65 Zip Code: 33433

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: Alan Lieberman 6/28/95

12. OFFICERS AND DIRECTORS

TITLE	CP
NAME	LIEBERMAN, ANDREA
STREET ADDRESS	7598 STOCKTON TERRACE
CITY, ST, ZIP	BOCA RATON FL 33433
TITLE	V
NAME	LIEBERMAN, ALAN
STREET ADDRESS	7598 STOCKTON TERRACE
CITY, ST, ZIP	BOCA RATON FL 33433

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1-6: TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP ☐ Change ☐ Addition (blank)

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: Alan Lieberman ALAN LIEBERMAN 6/12/95 407-347-0337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / DATE / DAYTIME PHONE #

CR2E034 (3/95)
006743 CP