

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Mar 13 1998 8:00am  
Secretary of State

DOCUMENT # F94000005684 (5)

1. Corporation Name  
THERA-PLUS INC.



Principal Place of Business

Mailing Address

7598 STOCKTON TERRACE  
BOCA RATON FL 33433

7598 STOCKTON TERRACE  
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1994

4. FEI Number

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business

21 7767 TENNYSON COURT

Suite, Apt. #, etc.

22

City & State

23 BOCA RATON FL

Zip

Country

24 33433

25

2a. Mailing Address

26 7767 TENNYSON COURT

Suite, Apt. #, etc.

27

City & State

28 BOCA RATON FL

Zip

Country

29 33433

30

9. Name and Address of Current Registered Agent

LIEBERMAN, ALAN  
7598 STOCKTON TERRACE  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 7767 TENNYSON COURT

84 City

BOCA RATON

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

ALAN LIEBERMAN

ALAN LIEBERMAN

3/9/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME LIEBERMAN, ANDREA  
STREET ADDRESS 7598 STOCKTON TERRACE  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE V ☐ DELETE

NAME LIEBERMAN, ALAN  
STREET ADDRESS 7598 STOCKTON TERRACE  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

7767 TENNYSON COURT  
BOCA RATON FL 33433

☒ Change ☐ Addition

7767 TENNYSON COURT  
BOCA RATON FL 33433

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE:

ALAN LIEBERMAN

3/9/98 347-0337

CP2E034 (10/97)