2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # F9900004441 Sep 06, 2000 8:00 am 1. Entity Name MAGNETHERAPY, INC. Secretary of State 09-06-2000 90098 044 ***550.00 Mailing Address Principal Place of Business 950 CONGRESS AVENUE 950 CONGRESS AVENUE RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-2165493 Not Applicable 125-047 Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fleming Haile 9 RIDOLFO, PHILLIP T JR P.O. Box Number is Not Acceptable Street Address 777 SOUTH FLAGLER DRIVE, SUITE 300-E WEST PALM BEACH FL 33401 Suise 300 NPB 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. . (NOTE: Registered Agent signature required when reinstating) **FILE NOW!!! FEE IS \$550.00** 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Bernard Wernstein ☐ Change Delete TITLE ROPER, WILLIAM L MARAE NAME 950 congress Are STREET ADDRESS STREET ADDRESS 950 CONGRESS AVENUE CITY-ST-ZIP CITY-ST-ZIP **RIVIERA BEACH FL 33404** Riviern Beach, FL TITLE TITLE TIBBETS, HUBERT NAME NAME 950 CONGRESS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-**RIVIERA BEACH FL 33404** CITY-ST-ZIP DPTS ☐ Addition Delete TITLE DINAPOLI, LISANNE NAME NAME 950 CONGRESS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL 33404 CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE GALLAGHER, MICHAEL V JR. NAME 950 CONGRESS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **RIVIERA BEACH FL 33404** CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE CRALLE, RAYMOND H NAME NAME STREET ADDRESS 950 CONGRESS AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP RIVIERA BEACH FL 33404 Delete ☐ Change ☐ Addition TITLE TITI F KLEINKORT, JOSEPH NAME NAME 950 CONGRESS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL 33404 13. I hereby certify that the information supplied with this filling 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 supplied entarreport 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.