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

DOCUMENT # H73276

(8)

HAND THERAPY, INC.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

FILED
May 04 1998 8:00am
Secretary of State

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Principal Plac							
	ce of Business	Mailing Address				fit mintl mintl didit dinti jan	
1500 NW 12	AVE	1500 NW 12 AVE					
\$1130 Miami Fl 33136 US		\$1130	S1130 Miami Fl 33136		DO NOT WRITE IN THIS SPACE		
		US		3. Date Incorporated or Qualified			
00		00			08/27/1985		
9 Principal f	Place of Business	2a, Mailing Address			4. FEI Number	Applied For	
21		├ ─¬, '	26		59-2579077	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional		
22		27		5. Certificate of Status Desired	Fee Required		
City & Sta	le	City & State			Election Campaign Financing		
3]_		28			Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cour	itry	8. This corporation owes or has paid the c		
24	25	29	30	•	Personal Property Tax due June 30.	Yes No	
···	9. Name and Address of Cur		- 1991		10. Name and Address of New Registered		
FADDEN, LINDA C.				81 Name			
1500 NW 12 AVE							
				82 Street Ac	treet Address (P.O. Box Number is Not Acceptable)		
\$1130			l ₃	B3			
MI	AMI FL 33136			23			
			h	B4 City	·		
				D4 City	F	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508. Florida Stati		. . ,	Forgoration submits this statement for the purpose	L ` '	
11. Pursuant office or	to the provisions of Sections 607.0 registered agent, or both, in the SI	0502 and 607.1508, Florida Stati ate of Florida. Such change was		. . ,		L ` '	
11. Pursuant office or agent. I s	to the provisions of Sections 607.0 registered agent, or both, in the St am familiar with, and accept the of	0502 and 607.1508, Florida Stati ate of Florida. Such change was oligations of, Section 607.0505, I		. . ,	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	L ` '	
			utes, the ab authorized lorida Statu	ove-named or by the corpo ites.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	L	
SIGNATURE	Signature, typed or printed minural registered	agent and the diapplicable (NC	utes, the abs authorized florida Statu	ove-named or by the corpo ites.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the appropriate the purpose ration's board of directors. I hereby accept the appropriate the purpose of the purpose representation of the purpose repre	of changing its registered pointment as registered	
SIGNATURE	Signature, typed or printed name of registered	agent and tibe if applicable (NO	utes, the above authorized Horida Statu	ove-named or by the corpo ites.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered oppointment as registered	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS	agent and the diapplicable (NC	utes, the absence authorized forida Statu	ove-named or by the corpo ites. Agent signature re	orporation submits this statement for the purpose ration's board of directors. I hereby accept the appropriate the purpose returned when renstating) ADDITIONS/CHANGES TO OFFICERS AT	of changing its registered pointment as registered	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS PTD FADDEN, LINDA C.	agent and tibe if applicable (NO	utes, the absence authorized forida Statu	ove-named or by the corportes. Agent signature re	orporation submits this statement for the purpose ration's board of directors. I hereby accept the appured when renstating) ADDITIONS/CHANGES TO OFFICERS AND TANDEN, LINDA C.	of changing its registered pointment as registered ND DIRECTORS IN 12 Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS. PTD FADDEN, LINDA C. 1131 VENETIA AVE.	eyent and third apple able (NO AND DIRECTORS DELETE	utes, the abs authorized forida Statuble: Registered 13. 1.1 TITL 1.2 NAM 1.3 STR	ove-named or by the corportes. Agent signature re	orporation submits this statement for the purpose ration's board of directors. I hereby accept the appured when renstating) ADDITIONS/CHANGES TO OFFICERS AND TANDEN, LINDA C.	of changing its registered pointment as registered ND DIRECTORS IN 12 Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS. PTD FADDEN, LINDA C. 1131 VENETIA AVE. CORAL GABLES FL 33134	eyent and third apple able (NO AND DIRECTORS DELETE	utes, the abs authorized forida Statuonie Registered 13. 1.1 TITU 1.2 NAM 1.3 STR 1.4 CIT	ove-named or by the corportes. Agent signature 6 E ME RET ADDRESS Y-ST-ZIP	orporation submits this statement for the purpose ration's board of directors. I hereby accept the appropriate the purpose returned when renstating) ADDITIONS/CHANGES TO OFFICERS AT	of changing its registered oppointment as registered ND DIRECTORS IN 12 Mail Change	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	OFFICERS. PTD FADDEN, LINDA C. 1131 VENETIA AVE. CORAL GABLES FL 33134 VSD	eyent and third apple able (NO AND DIRECTORS DELETE	utes, the abs authorized forida Statuble Registered 13. 1.1 Till 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL	ove-named or by the corpo ties. Agent signature re E ME EET ADDRESS Y-ST-ZIP E	orporation submits this statement for the purpose ration's board of directors. I hereby accept the appured when renstating) ADDITIONS/CHANGES TO OFFICERS AND TANDEN, LINDA C.	of changing its registered pointment as registered ND DIRECTORS IN 12 Addition	
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64 City-st-zip

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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report 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 atlactment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

44 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE LA LA PORTA de la

3/6/98 (305) 324-6928

Change

Change

Addition

Addition

Addition