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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K73168

(2)

1. Corporation Name

THERADYNAMICS, INC.

Principal Place of Business

%JOHN LEONARD
1515 S FEDERAL HWY. STE 308
BOCA RATON FL 33432

Mailing Address

%JOHN LEONARD
1515 S FEDERAL HWY. STE 308
BOCA RATON FL 33432-7451



3. Date Incorporated or Qualified

03/13/1989

3a. Date of Last Report

05/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 11221 MALAYAN ST.

Suite, Apt. #, etc.

27 City & State

28 BOCA RATON, FL

Zip

29 33428

Country

30 USA

4. FEI Number

65-0107844

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

LEONARD, JOHN
11101 MUSTANG STREET
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

LEONARD, JOHN

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

11221 MALAYAN STREET

83

84 City

BOCA RATON

FL

85 Zip Code

33428

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

[Signature]

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS LEONARD, JOHN
CITY - ST - ZIP 11101 MUSTANG STREET
BOCA RATON FL

TITLE ☐ DELETE

NAME VT
STREET ADDRESS LEONARD, LIZ
CITY - ST - ZIP 11101 MUSTANG ST
BOCA RATON FL

TITLE ☒ DELETE

NAME S
STREET ADDRESS DRUCKER, IRWIN
CITY - ST - ZIP 22150 CONCHA AVENUE
BOCA RATON FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-97

561-392-1112

Date

Daytime Phone #

CR2E034 (9/96)