

FILED
 May 14 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham, Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # L41281 (1)
 Corporation Name
 ALLIED THERAPY ASSOCIATES, INC.



Principal Place of Business: % VIVIAN T. MAISEL, 4445 W. 16TH AVENUE, SUITE 500, HIALEAH FL 33012
 Mailing Address: % VIVIAN T. MAISEL, 4445 W. 16TH AVENUE, SUITE 500, HIALEAH FL 33012-7182

3. Date Incorporated or Qualified: 01/05/1990
 3a. Date of Last Report: 05/01/1996
 4. FEI Number: 65-0166963
 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

2. Principal Place of Business: 21 900 W. 49 ST., 22 Suite, Apt. #, etc: Suite 330, 23 City & State: Hialeah, FLA., 24 Zip: 33012, 25 Country: USA
 2a. Mailing Address: 26 900 W. 49 ST., 27 Suite, Apt. #, etc: Suite 330, 28 City & State: Hialeah, FLA., 29 Zip: 33012, 30 Country: USA

9. Name and Address of Current Registered Agent: HARRIS, VIVIAN T., 4445 W. 16TH AVE. SUITE 500, HIALEAH FL 33012

10. Name and Address of New Registered Agent: 81 Name: Vivian T. Harris, 82 Street Address (P.O. Box Number is Not Acceptable): 900 W. 49 ST., Suite 330, 83, 84 City: Hialeah, FL, 85 Zip Code: 33012

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: Vivian T. Harris, President, 4-29-98
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE: PD	NAME: HARRIS, VIVIAN T.	<input type="checkbox"/>
STREET ADDRESS: 4445 W. 16 W. #500	CITY-ST-ZIP: HIALEAH FL	
TITLE: ST	NAME: DRAGONAS, KAY	<input type="checkbox"/>
STREET ADDRESS: 4445 W 16TH AVE., #500	CITY-ST-ZIP: HIALEAH FL	
TITLE:	NAME:	<input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE: PD	1.2 NAME: Harris, Vivian T.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS: 900 W. 49 ST., Ste. 330	1.4 CITY-ST-ZIP: Hialeah, FLA. 33012		
2.1 TITLE: ST	2.2 NAME: Bault, Kay D.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS: 900 W. 49 ST., SR. 330	2.4 CITY-ST-ZIP: Hialeah, FLA. 33012		
3.1 TITLE:	3.2 NAME:	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:		
4.1 TITLE:	4.2 NAME:	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:		
5.1 TITLE:	5.2 NAME:	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:		
6.1 TITLE:	6.2 NAME:	<input type="checkbox"/>	<input type="checkbox"/>
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)(a), 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. 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 attached with an address.

SIGNATURE: Vivian T. Harris, President, 4-29-98 (305) 556-0121

CR24034 (04/97)