May 07, 1999 8:00 am Secretary of State

05-07-1999 90177 041 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L41281

1. Corporation Name

ALLIED THERAPY ASSOCIATES, INC.

Pinning Place of Business Mailing Andress SUIT 30 DO NOT WRITE IN THIS SPACE										
MALEAM FL 33012 Applied of Onto TWRITE IN THIS SPACE 1. Delincopated of Qualified Onto Helphan FL 33012 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. Extra Address State State April 1999 2. Principal Place of Business 2. A Mailing Address State State April 29	Principal Place of Business Mailing Address					1 10011011 011 01001 11010 11011 1011		71 414 11 471	•	•/•
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3. Date Incorporated or Qualified 01/05/1990 2. Principal Place of Business 2. A Mailing Address 4. FET Number 65/10/55/1990 2. Sulfu, Apt. 8, etc. 26					}					
2. Principal Place of Business 2a. Mailing Address 4. FER Number Applied For 21 28 65-0166963 Not Applied For 50-0166963 Not Applied For	HIALEAH FL 33	1012	HIALEAH FL 33012	33012			IN THIS S	PACE		
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Zip Country Zip Country Zip Country St. This corporation owes the current year intangible Parameter Paramete	一 ·	•	⊢							
28 29 30 Personal Property Tax 29 No		Country		Country			vear Intar			
9. Name and Address of Current Registered Agent HARRIS, VIVIAN T. 900 WEST 49 STREET SUITE 330 HIALEAH FL 33012 11. Pursuant to the provisions of Sections 607 6502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing it more offices or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered offices or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent and ties if apociating. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. STREET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. WARE 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. STREET ADDRESS TO THE OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	_			,	1	·			□N₁	a
HARRIS, VIVIAN T. 900 WEST 49 STREET SUITE 330 HIALEAH FL 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 agent. or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I harreby accept the appointment as registered agent and accept the objective of the submits of the statement for the purpose of changing its registered agent. and finding with an femiliar with, and accept the objective of the submits this statement for the purpose of changing its registered agent and accept the objective of the submits of the submits this statement for the purpose of changing its registered agent and accept the objective of the submits of the										
## City ## Compared Agent Street Address (P.O. Box Number is Not Acceptable) ## City ## City ## Compared Agent I and Topic agent. I and Topic age				81 N						
SUITE 330 HIALEAH FL 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 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 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 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 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 office or registered agent, or both, in the State of Florida. Such change agent, and still reposition. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE PD W. 42 st., 57 c 3 c HALEAH FL 33012 12. TITLE DRAGGONAS, KAY DRAGGONAS, KAY STREET ADDRESS OTV-ST-ZP DRAGGONAS, KAY STREET ADDRESS OTV-ST-ZP DELETE 13. STREET ADDRESS ACTIV-ST-ZP ACTIV-ST-ZP ACTIV-ST-ZP ACTIV-ST-ZP ACTIV-ST-ZP ACTIV-ST-ZP Change Addition ACTIV-ST-ZP ACTIV-ST-ZP ACTIV-ST-ZP ACTIV-ST-ZP Change Addition ACTIV-ST-ZP ACTIV-										
HIALEAH FL 33012 84 City Hi William FL 85 Zip Code 3 201 8 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the address office or registered agent, or both, in the State of Florida. Such change was authorized by the 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 OPFICERS AND DIRECTORS III. 12.					900	W. 49 St., ST				
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 Floride. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Floride. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of the following of the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if appointment and the if appointment agent and title if appointment agent agent and title if appointment agent agent and title if appointment agent agen				83	<u> </u>					1
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 Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and side if appointment as registered office of registered agent and side if appointment. Signature, hyped or puried name of registered agent and side if appointment. 12. OFFICERS AND DIRECTORS TITLE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 INTEL STREET ADDRESS CITY-ST-ZIP HALEAH FL 33012 12. TITLE ST DELETE ST DELETE 13. TITLE ST DELETE 14. TITLE DRAGONAS, KAY 22. NAME VIVI AN H. T. Op P 900 WEST 49 STREET DRAGONAS, KAY 22. NAME VIVI AN H. T. Op P 900 WEST 49 STREET DRAGONAS, KAY 22. NAME VIVI AN H. T. Op P 900 WEST 49 STREET DRAGONAS, KAY 22. NAME VIVI AN H. T. Op P 900 WEST 49 STREET DRAGONAS, KAY 22. NAME VIVI AN H. T. Op P 900 WEST 49 STREET DRAGONAS, KAY 22. NAME VIVI AN H. T. Op P 900 W. 44 4. J. J. St. C. 33 D TITLE DRAGONAS, KAY 22. NAME VIVI AN H. T. Op P 900 WEST 49 STREET DRAGONAS, KAY 22. NAME VIVI AN H. T. Op P 900 WEST 49 STREET DRAGONAS, KAY 23. STREETADORESS OTV-ST-ZIP TITLE DELETE 3.1 TITLE DE	HIAL	EAH FL 33012		94 0	Ma. 2			0E 7	in Code	
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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, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE: >

STREET ADDRESS

CITY-ST-ZIP