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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L84611

Corporation Name			
RICHERT THERAPEUTIC CENT	TER, INC.		
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15			
Principal Place of Business	Mailing Address	1.00-00	T (##1: Bri 186) 1811) \$1849 Bijat ilbat ribt bibtt aratt Bibli andri bibtt bibtt
C/D MARY G. RICHERT	C/O MARY G. RICHERT		
19\$ AVE. D., N.W.	195 AVE. D., N.W.		
WINTER HAVEN FL 33881	WINTER HAVEN FL 33881		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualifed
			06/29/1990 <u>/ (1864 See</u>
Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
	26		59-3027702 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
	City & State		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Harring & State	 	•	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
	28 Zip	Country	8. This corporation owes the current year Intangible
	- · ·	30	Personal Property Tax.
25		30	10. Name and Address of New Registered Agent
9. Name and Address of	Current Registered Agent	81 Name	To. Haite and Address of New Hogistons A Special
RICHERT, MARY G	•		
195 AVE D., N.W.		82 Street	Address (P.O. Box Number is Not Acceptable)
WINTER HAVEN FL 33881	•	83	1. 1 1. 1 1. 1 1. 1 1. 1 1. 1 1. 1 1.
# E		00	
Marie Committee		84 City	FL 85 Zíp Code
11. Pursuant to the provisions of Sections 6	607.0502 and 607.1508, Florida Statute e State of Florida, Such change was at	es, the above-named uthorized by the corp	the substitution of the statement for the surpose of changing its registered
11. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I any amiliar with, and accept the SIGNATURE SIGNATURE SIGNATURE Signature, typed or printer name of regist	e State of Florida. Such change was at e obligations of, Section 607.0505, Flor	ithorized by the corp ida Statutes.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
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6.4 CITY-ST-ZIP 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 findicated 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.

Feb 10, 1999 8:00 am Secretary of State

02-10-1999 90014 033 ***150.00