FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -3 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34969 (8)

1. Corporation Name

AMERICAN MEDICAL HYPNOTHERAPY, INC.

Principal Place of Business	Mailing Address
12420 N DALE MABRY TAMPA FL 33618	12420 N DALE MABRY TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1989
3a. Date of Last Report: 07/21/1994
4. FEI Number: 59-2975478 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 13930 N. Dale Mabry	26 13930 N. Dale Mabry
Suite, Apt. #, etc. 22 Suite 5	Suite, Apt. #, etc. 27 Suite 5
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROTH, STEVEN
2020 NE 163RD ST.
SUITE 300
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☒ Change ☐ Addition	
NAME	GULLO, JOHN M. DR.	12 NAME		
STREET ADDRESS	12420 N. DALE MABRY	13 STREET ADDRESS	13930 N. Dale Mabry, #5	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE	☒ Change ☐ Addition	
NAME	GULLO, SYLVIA L.	22 NAME		
STREET ADDRESS	12420 N. DALE MABRY	23 STREET ADDRESS	13930 N. Dale Mabry, #5	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	☒ Change ☐ Addition	
NAME	THOMAS, DAVID L.	32 NAME		
STREET ADDRESS	12420 N. DALE MABRY	33 STREET ADDRESS	13930 N. Dale Mabry, #5	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	☐ Change ☐ Addition	
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dr. John M. Gullo 2-28-95 813/264-5058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001035