FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:32

DOCUMENT # **P26431** **(7)**

1. Corporation Name
THERAPEDIC ASSOCIATES, INC.

Principal Place of Business	Mailing Address
C/O BARSHAY, INDICK AND MALANGA, P.A. 1139 EAST JERSEY STREET ELIZABETH NJ 07201	C/O BARSHAY, INDICK AND MALANGA, P.A. 1139 EAST JERSEY STREET ELIZABETH NJ 07201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/12/1989
3a. Date of Last Report: 02/14/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 22-1610166 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$0.75** 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 ☐ No

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET, STE. 305
NORTH 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	D	11 TITLE	D	☐ Change ☒ Addition
NAME	ELLMAN, LEON	12 NAME	ROBY, JAMES	
STREET ADDRESS	730 W MCNAB RD	13 STREET ADDRESS	ROUTE No. 4 - BOX 71-A	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	14 CITY-ST-ZIP	HALEYVILLE, AL 35565	
TITLE	D	21 TITLE	D	☐ Change ☒ Addition
NAME	GORDON, CHARLES	22 NAME	SHERMAN, JEFFREY	
STREET ADDRESS	1710 N SALINA ST	23 STREET ADDRESS	2350 FIFTH STREET	
CITY-ST-ZIP	SYRACUSE NY 13208	24 CITY-ST-ZIP	ROCK ISLAND, IL 61201	
TITLE	VP	31 TITLE	D	☐ Change ☒ Addition
NAME	GLAUBINGER, RICHARD	32 NAME	GALEX, MARTIN	
STREET ADDRESS	601 BOUND BROOK RD	33 STREET ADDRESS	1801 CLINT MOORE ROAD	
CITY ST ZIP	MIDDLESEX NJ 08846	34 CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	BARSHAY, NATHAN	42 NAME		
STREET ADDRESS	1139 E JERSEY ST	43 STREET ADDRESS		
CITY ST ZIP	ELIZABETH NJ 07201	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	ROFF, JOE	52 NAME		
STREET ADDRESS	5004 SPACE CENTER DRIVE	53 STREET ADDRESS		
CITY ST ZIP	SAN ANTONIO TX 78218	54 CITY ST ZIP		
TITLE	T -P	61 TITLE		☒ Change ☐ Addition
NAME	GOLDSTEIN, STANLEY B	62 NAME		
STREET ADDRESS	1801 CLINT MOORE ROAD	63 STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL 33487	64 CITY ST ZIP		

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: STANLEY B. GOLDSTEIN, PRESIDENT, 3/21/95 (407) 241-3541
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0484083 FN