**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 16, 1994.**
**AMOUNT DUE ON OR BEFORE 8/16/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

CORPORATION ANNUAL REPORT
**1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 JUL -6 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P30501** **(1)**

1. Corporation Name
**THERAPY MANAGEMENT INNOVATIONS, INC.**

| Mailing Address | Principal Place of Business |
|---|---|
| 320 W. SABAL PALM PL. | 320 W. SABAL PALM PL |
| #200 | #200 |
| LONGWOOD FL 32779 | LONGWOOD FL 32779 |
| US | US |

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 07/25/1990 | 3a. Date of Last Report: 06/21/1993 |
| 4. FEI Number: 87-0457162 | ☐ Applied For ☐ Not Applicable |
| 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 ☐ | |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No | |

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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ~~FORBES-THORNE, NATASHA~~ | 01 Name: Cheryl Kelch |
| 320 W. SABAL PALM PLACE, #200 | 02 Street Address (P.O. Box Number is Not Acceptable): 320 W. Sabal Palm Place |
| LONGWOOD FL 32779 | 03: Suite 200 # |
| | 04 City: Longwood FL 05 Zip Code: 32779 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Cheryl Kelch
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revocation) DATE

| 12. OFFICERS AND DIRECTORS | | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 11 TITLE | P | 11 TITLE | |
| 12 NAME | WORTLEY, DON | 12 NAME | |
| 13 STREET ADDRESS | 726 SO COTTONWOOD CIR | 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | BOUNTIFUL UT | 14 CITY-ST-ZIP | |
| 21 TITLE | V | 21 TITLE | |
| 22 NAME | WELSH, BENTON | 22 NAME | |
| 23 STREET ADDRESS | ~~38-S-STATE-ST-10TH-FL~~ | 23 STREET ADDRESS | 139 E. South Temple Ste 600 |
| 24 CITY-ST-ZIP | SALT LAKE CITY UT | 24 CITY-ST-ZIP | |
| 31 TITLE | V | 31 TITLE | |
| 32 NAME | MOWERY, CINDY | 32 NAME | |
| 33 STREET ADDRESS | ~~38-S-STATE-ST-10TH-FL~~ | 33 STREET ADDRESS | 139 E. South Temple, Ste 600 |
| 34 CITY-ST-ZIP | SALT LAKE CITY UT | 34 CITY-ST-ZIP | |
| 41 TITLE | T | 41 TITLE | |
| 42 NAME | JOHNSON, ORAL S | 42 NAME | |
| 43 STREET ADDRESS | ~~38-S-STATE-ST-10TH-FL~~ | 43 STREET ADDRESS | 139 E. South Temple, Ste 600 |
| 44 CITY-ST-ZIP | SALT LAKE CITY UT | 44 CITY-ST-ZIP | |
| 51 TITLE | S | 51 TITLE | |
| 52 NAME | ORTOLANI, LARRY D | 52 NAME | |
| 53 STREET ADDRESS | ~~38-S-STATE-ST-10TH FL~~ | 53 STREET ADDRESS | 139 E South Temple, Ste 600 |
| 54 CITY-ST-ZIP | SALT LAKE CITY UT | 54 CITY-ST-ZIP | |
| 61 TITLE | | 61 TITLE | |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | | 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 or 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:** [signature] 6-27-94 1-800-766-8680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Corp. Sec.