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 JUN 16 AM 11:20

DOCUMENT # P36088 (3)

1. Corporation Name
ASSOCIATED THERAPISTS CORPORATION

Principal Place of Business	Mailing Address
13911 RIDGEDALE DRIVE SUITE 350 MINNEAPOLIS MN 55305 US	13911 RIDGEDALE DRIVE SUITE 350 MINNEAPOLIS MN 55305 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1991
3a. Date of Last Report: 08/05/1994

2. Principal Place of Business (21):
2a. Mailing Address (26): 10065 Red Run Blvd.
Suite Apt #, etc (22):
Suite, Apt #, etc (27):
City & State (23):
City & State (28): Owings Mills MD
Zip (24):
Country (25):
Zip (29): 21117
Country (30): USA

4. FEI Number: 35-1682425 — 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
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DE LUNA, GUY
7658 MUNICIPAL DRIVE
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83:
84 City: Plantation FL 85 Zip Code: 33324

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: Marilyn Kizzo — Marilyn Kizzo - Asst. Sec'y — 6/12/95
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	11 TITLE	VP	☐ Change ☒ Addition
NAME	~~GARATONI, LAWRENCE H.~~	12 NAME	Perkins, Marshall A	
STREET ADDRESS	~~315 W. JEFFERSON BLVD.~~	13 STREET ADDRESS	10065 Red Run Blvd	
CITY ST ZIP	~~SOUTH BEND IN~~	14 CITY ST ZIP	Owings Mills, MD 21117	
TITLE	D	21 TITLE	PD	☒ Change ☐ Addition
NAME	CIRKA, LARRY	22 NAME		
STREET ADDRESS	10065 RED RUN BOULEVARD	23 STREET ADDRESS		
CITY ST ZIP	OWINGS MILLS MA	24 CITY ST ZIP	Owings Mills, MD 21117	
TITLE	~~DC~~	31 TITLE	V	☐ Change ☒ Addition
NAME	~~ELKINS, ROBERT~~	32 NAME	Dennis A. Calvill	
STREET ADDRESS	10065 RED RUN BOULEVARD	33 STREET ADDRESS	10065 Red Run Blvd	
CITY ST ZIP	OWINGS MILLS MA	34 CITY ST ZIP	Owings Mills MD 21117	
TITLE	D	41 TITLE	SD	☒ Change ☒ Addition
NAME	~~ROBERTSON, SCOTT~~	42 NAME	Lewin, Marc B	
STREET ADDRESS	10065 RED RUN BOULEVARD	43 STREET ADDRESS		
CITY ST ZIP	OWINGS MILLS MA	44 CITY ST ZIP	Owings Mills, MD 21117	
TITLE	~~DP~~	51 TITLE	V	☐ Change ☒ Addition
NAME	~~FRAZIER, SCOTT~~	52 NAME	Pickett, Taylor	
STREET ADDRESS	~~13911 RIDGEDALE DR.~~	53 STREET ADDRESS	10065 Red Run Blvd.	
CITY ST ZIP	~~MINNETONKA MN~~	54 CITY ST ZIP	Owings Mills, MD 21117	
TITLE	~~CEO~~	61 TITLE		☒ Change ☐ Addition
NAME	~~SOKOLOW, AARON~~	62 NAME		
STREET ADDRESS	~~13911 RIDGEDALE DRIVE, SUITE 350~~	63 STREET ADDRESS		
CITY ST ZIP	~~MINNETONKA MN~~	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 address.

SIGNATURE: [signature] 5/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

0407202 FP