

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 7:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000053393 (3)

1. Corporation Name

THERAPY INTERNATIONAL, INC.

Principal Place of Business

5975 N FEDERAL HWY
SUITE 130
FT LAUDERDALE FL 33308

Mailing Address

5975 N FEDERAL HWY
SUITE 130
FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/30/1993

3a. Date of Last Report

07/28/1994

4. FEI Number

65-0427997

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 S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1599 NW 9th Ave

2a. Mailing Address

26 1599 NW 9th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Boca Raton, FL

City & State

28 Boca Raton, FL

Zip

24 33486

Country

25 USA

Zip

29 33486

Country

30 USA

9. Name and Address of Current Registered Agent

STRAUSS, RANDOLPH H
2825 NE 14TH AVE
SUITE 100
FT LAUDERDALE FL 33334

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. Each 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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COMRAS, DAVID
STREET ADDRESS 5975 N FEDERAL HWY
CITY-ST-ZIP FT LAUDERDALE FL

TITLE STD
NAME STRAUSS, GREGORY
STREET ADDRESS 5975 N FEDERAL HWY
CITY-ST-ZIP FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Comras, David
1.3 STREET ADDRESS 1599 NW 9th Ave
1.4 CITY-ST-ZIP Boca Raton, FL 33486

2.1 TITLE STD ☒ Change ☐ Addition
2.2 NAME STRAUSS, Gregory
2.3 STREET ADDRESS 1599 NW 9th Ave
2.4 CITY-ST-ZIP Boca Raton, FL 33486

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changing, or on an attachment with no address.

SIGNATURE:

(Signature typed or printed name of signing officer or director)

Date

(Signature Printed Name)