SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000057630 (4)**

1. Corporation Name
DIRECT ACCESS IV THERAPY, INC.

Principal Place of Business
5550 HWY. 98 EAST
UNIT 905
DESTIN FL 32541

Mailing Address
501 N MAIN ST
3RD FL FAULKNER BLDG
HATTIESBURG MS 39401

3. Date Incorporated or Qualified: **08/12/1993**
3a. Date of Last Report: **03/31/1995**

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: **65-0436155** — 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

9. Name and Address of Current Registered Agent
PAYNE, W.A.
5550 HIGHWAY 98 EAST
UNIT 905
DESTIN FL 32541

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	PAYNE, W.A.	
STREET ADDRESS	5550 HIGHWAY 98 EAST #905	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VPS	☐ DELETE
NAME	WOLVERTON, NANCY	
STREET ADDRESS	36 SHADY LANE	
CITY-ST-ZIP	HATTIESBURG MS 39402	
TITLE	T	☐ DELETE
NAME	PAYNE, MAXINE	
STREET ADDRESS	2307 SUNSET DRIVE	
CITY-ST-ZIP	HATTIESBURG MS 39402	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☐ Addition
1.2 NAME	PAYNE, W.A., Jr.	
1.3 STREET ADDRESS	5550 HIGHWAY 98 EAST #905	
1.4 CITY-ST-ZIP	DESTIN, FL 32541	
2.1 TITLE	VP	☐ Change ☐ Addition
2.2 NAME	PAYNE, W.A., III	
2.3 STREET ADDRESS	2307 SUNSET DRIVE	
2.4 CITY-ST-ZIP	HATTIESBURG, MS 39402	
3.1 TITLE	T/S	☐ Change ☐ Addition
3.2 NAME	PAYNE, MAXINE	
3.3 STREET ADDRESS	2307 SUNSET DRIVE	
3.4 CITY-ST-ZIP	HATTIESBURG, MS 39402	
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		

100001891601
-07/12/96--01004--024
***225.00

7/11/96
JR

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WAPayne — 6-20-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #