FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P93000076847 (1)**

1. Corporation Name
MEDTHERAPY CENTER INC.

Principal Place of Business
2000 S DIXIE HWY #114
COCONUT GROVE FL 33133

Mailing Address
2000 S DIXIE HWY #114
COCONUT GROVE FL 33133

3. Date Incorporated or Qualified: 11/05/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 1516 VENERA AVE
Suite, Apt. #, etc.
22
City & State
23 CORAL GABLES, FL.
Zip 24 33146
Country 25 USA

2a. Mailing Address
26 1516 VENERA AVE.
Suite, Apt. #, etc.
27
City & State
28 CORAL GABLES, FL.
Zip 29 33146
Country 30 USA

4. FEI Number: 65-0446434 — 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
RAFULS, ANNE
2000 S DIXIE HWY #114
COCONUT GROVE FL 33133

Change Address

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1516 VENERA AVE.
83
84 City CORAL GABLES FL 85 Zip Code 33146

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 signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	RAFULS, WILLIAM A MD	
STREET ADDRESS	2000 S DIXIE HWY #114	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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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	DP	☒ Change ☐ Addition
1.2 NAME	RAFULS, William A. M.D.	Address
1.3 STREET ADDRESS	1516 VENERA AVE.	
1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33146	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-25-96

Daytime Phone #: (305) 662-7700