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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000024681 (6)

1. Corporation Name
MAGNETHERAPY, INC.

Principal Place of Business
760 U.S. HIGHWAY ONE
SUITE 101
NORTH PALM BEACH FL 33418

Mailing Address
760 U.S. HIGHWAY ONE
SUITE 101
NORTH PALM BEACH FL 33408-4420



3. Date Incorporated or Qualified 03/30/1994
3a. Date of Last Report 04/19/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0478755		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent

DINAPOLI, LISANNE
760 U.S. HIGHWAY ONE
SUITE 101
NORTH PALM BEACH FL 33408

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HUBERT TIBBETS TIBBETS <input type="checkbox"/> DELETE	1.1 TITLE	Chairman / C.E.O. / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUBERT TIBBETS TIBBETS	1.2 NAME	William Roper
STREET ADDRESS	125 WORTH AVE. 137 Pecksland	1.3 STREET ADDRESS	760 U.S. Highway One
CITY-ST-ZIP	PALM BCH FL Greenwich, CT. 06831	1.4 CITY-ST-ZIP	North Palm Beach, FL. 33408
TITLE	D HIRCAK, RICHARD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIRCAK, RICHARD	2.2 NAME	Michael Gallagher
STREET ADDRESS	706 US HIGHWAY ONE-SUITE 101	2.3 STREET ADDRESS	760 U.S. Highway One
CITY-ST-ZIP	NORTH PALM BEACH FL	2.4 CITY-ST-ZIP	North Palm Beach, FL. 33408
TITLE	D JOSEPH KLEINKORT P. T. <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH KLEINKORT P. T.	3.2 NAME	Dr. Eric Fishman
STREET ADDRESS	215 BILLINGS ST.	3.3 STREET ADDRESS	141 N. Flagler Dr., Ste: 8800
CITY-ST-ZIP	ARLINGTON TE	3.4 CITY-ST-ZIP	West Palm Beach, FL. 33401
TITLE	D WILLIAM WHALEY <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM WHALEY	4.2 NAME	Bernard Weinstein
STREET ADDRESS	760 US HIGHWAY ONE SUITE 101	4.3 STREET ADDRESS	760 U.S. Highway One
CITY-ST-ZIP	NORTH PALM BCH FL	4.4 CITY-ST-ZIP	North Palm Beach, FL. 33408
TITLE	D DR. CARLTON HAZELWOOD <input type="checkbox"/> DELETE	5.1 TITLE	Lisanne Dinapoli / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. CARLTON HAZELWOOD	5.2 NAME	SR. Vice President
STREET ADDRESS	ONE BAYLOR PLACE	5.3 STREET ADDRESS	760 U.S. Highway One
CITY-ST-ZIP	HOUSTON TEXAS	5.4 CITY-ST-ZIP	North Palm Beach, FL. 33408
TITLE	D CRALLE, RAY <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	CRALLE, RAY	6.2 NAME	
STREET ADDRESS	760 US HIGHWAY ONE-SUITE 101	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97 561-625-8462
Date Daytime Phone

CR2E034 (9/96)