

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90089 047 ***150.00

DOCUMENT # P94000024681

1. Corporation Name
MAGNETHERAPY, INC.

Principal Place of Business
950 CONGRESS AVE
RIVIERA BEACH FL 33404

Mailing Address
950 CONGRESS AVE
RIVIERA BEACH FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/30/1994

4. FEI Number
65-0478755
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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERROCAL, CARLOS
~~1070 EAST INDIANTOWN RD #310~~
JUPITER FL 33477

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

801 MAPLEWOOD DRIVE # 22A

83

84 City

FL 85 Zip Code
33458

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 ☐ DELETE
NAME TIBBETTS, HUBERT
STREET ADDRESS 137 PECKSLAND
CITY-ST-ZIP GREENWICH CT

1.1 TITLE Chairman ☐ Change ☒ Addition
1.2 NAME William L. Roper
1.3 STREET ADDRESS 950 Congress Ave
1.4 CITY-ST-ZIP Riviera Beach, FL - 33404

TITLE VPD ☐ DELETE
NAME GALLAGHER, MICHAEL
STREET ADDRESS 950 CONGRESS AVE
CITY-ST-ZIP RIVIERA BEACH FL 33404

2.1 TITLE Se. V.P. Director ☐ Change ☒ Addition
2.2 NAME Lisanne DiNapoli
2.3 STREET ADDRESS 950 Congress Ave
2.4 CITY-ST-ZIP Riviera Beach, FL - 33404

TITLE D ☐ DELETE
NAME KLEINKORT, JOSEPH P
STREET ADDRESS 215 BILLINGS ST.
CITY-ST-ZIP ARLINGTON TE

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

TITLE D ☐ DELETE
NAME WEINSTEIN, BERNARD
STREET ADDRESS 950 CONGRESS AVE
CITY-ST-ZIP RIVIERA BEACH FL 33404

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

TITLE D ☒ DELETE
NAME HAZELWOOD, DR. CARLTON
STREET ADDRESS 6 CASTLEGREEN CIRCLE
CITY-ST-ZIP THE WOODLANDS TX 77381

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

TITLE D ☐ DELETE
NAME CRALLE, RAY
STREET ADDRESS 401 NE 2ND ST
CITY-ST-ZIP DELRAY BEACH FL 33483

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 561-882-1501
Daytime Phone #

CR2E034 (1-798)