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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

| ANN | ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS | | | | | | | | |
|--|---|-------------------------------------|------------------------------|--------|-------------------------------|---|----------------------------------|------------------------|---------------------------------------|
| DOCU 1. Corporation | MENT # P940 | 00032411 (| 8) | • | | | | | |
| 1 | ERY THERAPY, INC. | | | | | | | | |
| | | | | | | (INDIANA) HA ING AND AND AND AND A | i ac ie) ac heo hi | 10 11011 BH | |
| Principal Place | o of Rusinopa | | | | | | | | |
| Principal Place of Business Mailing Address 1191 PINE POINT 1191 PINE POINT | | | | | | | | | 101 11001 (101 120) |
| | NND FL 33404 | 1191 PINE POINT SINGER ISLAND FL | 33404 | | | | | | |
| | | | | | | Date Incorporated or Qualified 04/26/1994 | 3a. Date | of Last /01/19 | |
| <u> </u> | lace of Business | 2a. Mailing Address | ···· | | | 4. FEI Number | | 10 17 10 | Applied For |
| 21 Cuito Amb | # nt- | 26 | | | · | 65-0491719 | | | Not Applicable |
| Suite, Apt. | #, etc | Suite, Apt #, etc. | | | | 5. Certificate of Status Desired | | - | 5 Additional |
| City & Stati | e | City & State | | | ··· | 6. Election Campaign Financing | · | | Required |
| 23 | | 28 | | | | Trust Fund Contribution | | | 00 May Be led to Fees |
| Zip 24 | Country | Žφ | F | untr | y | 8. This corporation has liability for | | | |
| 24 | 9. Name and Address of Curr | 29 rent Registered Agent | 30 | | | | □No | | · · · · · · · · · · · · · · · · · · · |
| | | - I gott | | 81 | Name | 10. Name and Address of New F | legistered / | lgent | |
| | T, JAMES T | | | 82 | Ctup of Antal | ress (P.O. Box Number is Not Acceptat | | | |
| | HIGHWAY ONE | | | 02 | atreet Add | iress (F.O. Box Number is Not Acceptat | ile) | | |
| SUITE 2 | | | | 83 | | | | | |
| NORTH | PALM BEACH FL 33408 | | | 84 | Crty | | | 85 Z | Pip Code |
| 11 Pursuant | to the provisions of Cost one COZ Of | 00 2003 4500 5: 11 0: | | | · · | | FL | 1 | • |
| or register | ed agent, or both, in the State of Flo | orida. Such change was author | utes, the ab rized by the | ove - | named corpo poration's boa | ration submits this statement for the purant of directors. Thereby accept the app | pose of char pintment as a | nging its registere | registered office |
| SIGNATURE | in, and accept the obligations or, Se | oction 607.0505, Florida Statute | es. | | | | | -5 | a agont runt |
| | Signature, typed or printed hame of registered ag- | erst and brient applicable | NO'E Registero | 1 Age | if signature require | ed wher reastating) | DA't | | |
| 12. | OFFICERS A | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFF | ICERS AND | DIRECTO | ORS IN 12 |
| TITLE | COWDERY, JEAN W | DELETE | | IITLE | | Change [| | Addition | |
| NAME STREET ADDRESS | 1191 PINE POINT | | 1 2 N | IAME | | | | | |
| CITY-ST-ZIP | SINGER ISLAND FL 33404 | | | | ADDRESS | | | | |
| TITLE | | ☐ DELETE | 2 1 1 | | 1 - 7(P | | | Chases | F 1446 |
| NAME | | | 22N | | | | L. | Change | Addition |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | | ST-7/P | | | | |
| TITLE | | ☐ DELETE | 3 1 1 | ITLE | | | | Change | ☐ Addition |
| NAMÉ | | | 3 2 N | AME | | | | | |
| STREET ADDRESS | | | 33.8 | TREE | ADDRESS | | | | |
| CITY-ST-7IP TITLE | | Florette | | **** | 1 - ZIP | | | | |
| NAME | | ☐ DELETE | 4 1 T | | | | | Change | Addition |
| STREET ADDRESS | | | 42 N | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | | I-ZIP | | | | |
| TITLE | | DELETE | 5 1 1 | | 1 - 217 | | | Change | Addition |
| NAME | | | 52 N | | | | L | analigs. | |
| STREET ADDRESS | | | 53\$1 | TABE F | ADDRESS | | | | |
| CITY - ST - ZIP | | | 540 | TY.S | T. 7IP | | | | |

64.01Y-S1-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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6 1 TiTLE

6.2 NAME

63 STREET ADDRESS

DELETE

TITLE

NAME

STREET ADORESS

SIGNATURE: JEAN W LAW COWDERY
SIGNATURE AND TYPED OR PRIVILED NAME OF SIGNING OFFICER OR DIRECTOR

Change Addition