

**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 # P94000045705 (8)
1. Corporation Name

ADVANCED THERAPIES OF OCALA, INC.



Principal Place of Business: **513 S.W. 1 AVENUE
OCALA FL 34474
US**

Mailing Address: **P.O. BOX 4832
OCALA FL 34478-4832**

2. Principal Place of Business
21 []
22 Suite, Apt #, etc
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 []
27 Suite, Apt #, etc
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified: **06/15/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3247197**

5. Certificate of Status Desired: Applied For Not Applicable

6. Election Campaign Financing Trust Fund Contribution: **\$8.75 Additional Fee Required**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent
**LEEMANS, JOSETTE
4111 SW 4TH AVENUE
OCALA FL 34474**

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

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 _____ (Type or print name of registered agent and file if applicable. (NOTE: Registered Agent's signature required when reinstating.) OATH)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LEEMANS, JOSETTE	1.2 NAME	
STREET ADDRESS	P.O. BOX 4832 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Josee Leemans 6-13-96 - 352 -
840-5990

CR2E034 (3/96)