FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
APR
FILED

95 MAY -1 AM 11:29

TALLAHASSEE, FLORIDA

DOCUMENT # P94000051119 (3)

1. Corporate Name
THERAPEUTIC CONSULTANTS, INC.

Principal Place of Business
918 DEAN WAY
FORT MYERS FL 33917

Mailing Address
918 DEAN WAY
FORT MYERS FL 33917

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 07/11/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or P.O. Box — 22
Suite, Apt. # or P.O. Box — 27
City & State — 23
City & State — 28
Zip — 24
County — 25
Zip — 29
County — 30

4. FEI Number: 65-0510426 ☐ 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 authority to initiate tax under s. 220.131, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Lesli O. Mickool
82 Street Address (P.O. Box Number is Not Acceptable): 918 Dean Way
83
84 City: Fort Myers FL 85 Zip Code: 33919

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: X Lesli O. Mickool VP 4/30/95
(Typed or printed name of person signing) (Title) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 12	
11 TITLE	D	11 TITLE	☐ Change ☐ Addition
12 NAME	MICKOOL, DANIEL A	12 NAME	
13 STREET ADDRESS	918 DEAN WAY	13 STREET ADDRESS	
14 CITY ST ZIP	FORT MYERS FL 33919	14 CITY ST ZIP	
21 TITLE	VSTD	21 TITLE	☐ Change ☐ Addition
22 NAME	MICKOOL, LESLI O	22 NAME	
23 STREET ADDRESS	918 DEAN WAY	23 STREET ADDRESS	
24 CITY ST ZIP	FORT MYERS FL 33919	24 CITY ST ZIP	
31 TITLE	P	31 TITLE	☐ Change ☐ Addition
32 NAME	MICKOOL, DANIEL A III	32 NAME	
33 STREET ADDRESS	918 DEAN WAY	33 STREET ADDRESS	
34 CITY ST ZIP	FORT MYERS FL 33919	34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. To the best of my knowledge, I certify that the information supplied with this filing is absolutely true and correct and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 1, 11 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: X Lesli O. Mickool Lesli O. Mickool 4/30/95 (813)437-0455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)

0323229 CP