FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 ... 25

TALLAHASSEE, FLORIDA

DOCUMENT # **P94000060810 (6)**

1. Corporate Name

THERASSIST SOFTWARE, INC.

Principal Place of Business	Mailing Address
545 SAN SERVANDO AVE. CORAL GABLES FL 33143	545 SAN SERVANDO AVE. CORAL GABLES FL 33143

3. Date of Incorporation or Qualification: 08/15/1994
3a. Date of Last Report
4. FEI Number: 65-0514306 — 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. The corporation has liability for intangible tax — [ ] Yes [X] No

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

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

9. Name and Address of Current Registered Agent

ANDROS, W. TODD
545 SAN SERVANDO AVE.
CORAL GABLES FL 33143

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 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	DIRECTOR — [ ] Change [X] Addition
NAME	ANDROS, W. TODD	NAME	DANIEL E SHARKEY
STREET ADDRESS	545 SAN SERVANDO AVE.	STREET ADDRESS	8441 E. OCEAN BLVD
CITY-ST-ZIP	CORAL GABLES FL 33143	CITY-ST-ZIP	STUART, FL ~~33493~~ 34994
TITLE	D	TITLE	D — [ ] Change [X] Addition
NAME	ALAN P REDMAN	NAME	ALAN P REDMAN
STREET ADDRESS	6535 E FEDERAL HWY	STREET ADDRESS	6535 E FEDERAL HWY
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP	STUART FL 34997
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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 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 of this report or on an attachment with an address.

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

Date: 5/5/95 — Daytime Phone: 305 668 0825

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