

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060810

1. Entity Name

THERASSIST SOFTWARE, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90142 025 ***150.00

Principal Place of Business

545 SAN SERVANDO AVE.
CORAL GABLES FL 33143

Mailing Address

545 SAN SERVANDO AVE.
CORAL GABLES FL 33143-6322

2. Principal Place of Business

11955 SW 142ND TER
Suite, Apt. #, etc.

3. Mailing Address

11955 SW 142ND TER
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL 33186

City & State

Miami FL

4. FEI Number

65-0514306

Applied For

Not Applicable

Zip

Country

33186

Zip

Country

33186

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS ANDROS, W. TODD
CITY-ST-ZIP 545 SAN SERVANDO AVE.
CORAL GABLES FL 33143

TITLE ☐ Delete
NAME D
STREET ADDRESS REDMON, ALAN P
CITY-ST-ZIP 7333 SE SEAGATE LN
STUART FL 34997

TITLE ☐ Delete
NAME D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Ron Chesley
CITY-ST-ZIP 4800 Hwy A1A #216
VERO BEACH, FL 32963

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)