

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P94000079138 (1)**

1. Corporation Name  
**BEST THERAPISTS, INC.**



Principal Place of Business  
**1940 BAY DR  
 APARTMENT 12A  
 MIAMI BEACH FL 33141**

Mailing Address  
**1940 BAY DR  
 APARTMENT 12A  
 MIAMI BEACH FL 33141-6900**

3. Date Incorporated or Qualified  
**10/27/1994**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business  
 21 **407 LINCOLN RD.**  
 Suite, Apt. #, etc.  
 22 **SUITE 11-I**

2a. Mailing Address  
 26 **P.O. BOX 415090**  
 Suite, Apt. #, etc.  
 27

City & State  
 23 **MIAMI BEACH, FL.**  
 Zip Country  
 24 **33139** 25 Country  
 28 **MIAMI BEACH, FL.**  
 Zip Country  
 29 **33141-5090** 30

4. FEI Number  
**65-0529648**

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 liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**LEOPOLD, NORMAN  
 20801 BISCAYNE BLVD  
 SUITE 501  
 AVENTURA FL 33180**

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 607.0502 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>PACHECO-MCDONALD, AURA J</b>	
STREET ADDRESS	<b>1940 BAY DR APARTMENT 12A</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>MCDONALD, BYRON</b>	
STREET ADDRESS	<b>1940 BAY DR APARTMENT 12A</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: **BYRON MCDONALD** 4/28/97 (305)534-6116

CR2E034 (9/96)