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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90093 049 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000079138

1. Corporation Name
BEST THERAPISTS, INC.

Principal Place of Business
 407 LINCOLN RD.
 11-1
 MIAMI BEACH FL 33139
 US

Mailing Address
 P.O. BOX 415090
 MIAMI BEACH FL 33141-5090
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/27/1994

4. FEI Number
65-0529648

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEOPOLD, NORMAN
 20801 BISCAYNE BLVD
 SUITE 501
 AVENTURA FL 33180

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **DP**
 STREET ADDRESS **PACHECO-MCDONALD, AURA J**
 CITY-ST-ZIP **7362 GARY AVE MIAMI BEACH FL 33141**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **7545 EAST TREASURE DR., #3H**
 1.4 CITY-ST-ZIP **NORTH BAY VILLAGE, FL. 33141**

TITLE DELETE
 NAME **DV**
 STREET ADDRESS **MCDONALD, BYRON**
 CITY-ST-ZIP **7362 GARY AVE MIAMI BEACH FL 33141**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **7545 EAST TREASURE DR., #3H**
 2.4 CITY-ST-ZIP **NORTH BAY VILLAGE, FL. 33141**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Byron McDonald* **BYRON-MCDONALD** 4/13/99 (305) 866-9604
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)