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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000004421

•	N HUMAN THERAPY, INC	•					
Principal Place	e of Business	Mailing Address				isi <b>g</b> riik bibli <b>bibli</b>	11981 IFO1 (001
13053 S.W. 104 COURT 13053 S.W. 104 COURT MIAMI FL 33176 MIAMI FL 33176				DO NOT WRITE IN TH	IIS SPACE		
	•				3. Date Incorporated or Qualifed	IIS SPACE	
					01/18/1995		
2. Principal Place of Business 2a. Mailing Address			****		4. FEI Number	Ap	oplied For
21 26				65-0549316	. No	ot Applicable	
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	•	Additional equired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	-	to Fees
Zip	Country Zip		Coun	try	8. This corporation owes the current year Intangible Personal Property Tax		
24	25	29	30		Personal Property Tax.  10. Name and Address of New Registers		
	9. Name and Address of Cur	rent Registered Agent		B1 Name	10. Name and Address of New Registers		
NATI	HANSON, DAVID	e de la companya de	L		dress (P.O. Box Number is Not Acceptable)		
13053 S.W. 104 COURT MIAMI FL 33176				83	2 6 7 2 2 2 2 3 3 4 3 3 4 3 3 4 3 3 4 4 4 5 4 5 4 5 4		1.2000000
MIAMI PL 33170				23			
,11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statute				84 City	F	<b>L</b>	Code
Office or re	registered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered	ate of Florida. Such change was ligations of, Section 607.0505,	s authorized Florida Statui	es.	red when reinstating);	pointment as re	egistered
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PSD	[7] DELETE	1.1 TITL	e I			
		☐ DELETE		-		☐ Change	☐ Addition
NAME	NATHANSON, DAVID E	DECE1E	1.2 NAM	1E		☐ Change	Addition
	NATHANSON, DAVID E 13053 S.W. 104 COURT	. Deceie	1.2 NAM			☐ Change	: Addition
NAME	NATHANSON, DAVID E		1.2 NAM 1.3 STR 1.4 CIT	ME EET ADDRESS (-ST-ZIP			
NAME STREET ADDRESS	NATHANSON, DAVID E 13053 S.W. 104 COURT	☐ DELETE	1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL	ME EET ADDRESS (-ST-ZIP E		☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NATHANSON, DAVID E 13053 S.W. 104 COURT MIAMI FL 33176	☐ DELETE	1.2 NAM 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAM 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAM 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAM 5.3 STF 5.4 CIT 6.1 TITI 6.1	AE  EEET ADDRESS  (-ST-ZIP  E  AE  EEET ADDRESS  Y-ST-ZIP  E  EEET ADDRESS  Y-ST-ZIP  E		☐ Change	Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NATHANSON, DAVID E 13053 S.W. 104 COURT MIAMI FL 33176	DELETE	1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STF 5.4 CIT 6.1 TITL 6.2 NAM	AE  EEET ADDRESS  (-ST-ZIP  E  AE  EEET ADDRESS  Y-ST-ZIP  E  EEET ADDRESS  Y-ST-ZIP  E		☐ Change ☐ Change ☐ Change	Addition  Addition  Addition

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 or an appear in the receiver of the corporation of the receiver or trustee empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

**SIGNATURE** 

CITY+ST-ZIP

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90024 043 \*\*\*158.75