

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000039690 (9)

1. Corporation Name

THERASOFT CORPORATION



Principal Place of Business

595 N. NOVA ROAD, SUITE 209
ORMOND BEACH FL 32174

Mailing Address

595 N. NOVA ROAD, SUITE 209
ORMOND BEACH FL 32174

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

Volusia

2a. Mailing Address

26

Suite, Apt. #, etc.

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City & State

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Zip

Country

29

3. Date Incorporated or Qualified

05/17/1995

3a. Date of Last Report

4. FEI Number

59-332 5870

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

BERTRAND, JAMES O
385 COQUINA AVE.
ORMOND BEACH FL 32174

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 607.05, Florida Statutes.

SIGNATURE

James O Bertrand

Signature of Registered Agent required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

President
385 COQUINA AVE
ORMOND BEACH FL 32174

TITLE NAME ☐ DELETE

Secretary
CAROL BERTRAND
385 COQUINA AVE
ORMOND BEACH FL 32174

TITLE NAME ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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)(b), 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:

James O Bertrand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96

904 673 4925
4/27/96

CR2E034 (12/95)