

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000040955 (3)

1. Corporation Name
THERANET, INC.



Principal Place of Business

67 BAYWOOD DRIVE
SAFETY HARBOR FL 34695

Mailing Address

67 BAYWOOD DRIVE
SAFETY HARBOR FL 34695

3. Date Incorporated or Qualified

05/22/1995

3a. Date of Last Report

2. Principal Place of Business

21 380 MAIN STREET

Suite, Apt. #, etc.

22 SUITE # 225

City & State

23 DUNEDIN, FL

Zip

24

Country

25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 " "

City & State

28 " "

Zip

29

Country

30 " "

4. FEI Number

59-3322038

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

SULLIVAN, TERRY
67 BAYWOOD DRIVE
SAFETY HARBOR FL 34695

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 607.05(2) 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 obligation of, Section 607.1509, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-96

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE
NAME JENNIFER SULLIVAN
STREET ADDRESS 3118 FLAMINGO PLACE
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE VICE PRESIDENT ☐ DELETE
NAME TERRY SULLIVAN
STREET ADDRESS 167 BAY WOODS DR
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE TREASURER ☐ DELETE
NAME TERRY SULLIVAN
STREET ADDRESS SAME AS ABOVE
CITY-ST-ZIP

TITLE SECRETARY ☐ DELETE
NAME TERRY SULLIVAN
STREET ADDRESS SAME AS ABOVE
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

100001854971
-06/07/96--01012--029
***208.75

☐ Change ☐ Addition

5-1-96
JR

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)(k), 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:

TERRY T. SULLIVAN

4-23-96

813-734-4452
813-735-4209

CR2E034 (12/95)