


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

FILED

May 23 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 # P95000040955 (3)		
1. Corporation Name THERANET, INC.		



Principal Place of Business 380 MAIN ST. STE #225 DUNEDIN FL	Mailing Address 380 MAIN ST. STE #225 DUNEDIN FL 34698-5761
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2. Principal Place of Business 701 ENTERPRISE ROAD EAST		2a. Mailing Address 701 ENTERPRISE ROAD EAST		3. Date Incorporated or Qualified 05/22/1995	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. SUITE 910		Suite, Apt. #, etc. SUITE 910		4. FEI Number 59-3322038	Applied For <input checked="" type="checkbox"/> Not Applicable
City & State SAFETY HARBOR FLORIDA		City & State SAFETY HARBOR FLORIDA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 34695	Country U.S.A.	Zip 34695	Country U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	
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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: Terry T. Sullivan **TERRY T. SULLIVAN, VICE PRESIDENT** **05/15/97.**

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 P	SULLIVAN, JENNIFER 2118 FLAMINGO PL. SAFETY HARBOR FL 34695	1.1 TITLE SULLIVAN, JENNIFER	2118 FLAMINGO PL. SAFETY HARBOR FL 34695
NAME SULLIVAN, JENNIFER		1.2 NAME SULLIVAN, JENNIFER	
STREET ADDRESS 2118 FLAMINGO PL.		1.3 STREET ADDRESS 2118 FLAMINGO PL.	
CITY-ST-ZIP SAFETY HARBOR FL 34695		1.4 CITY-ST-ZIP SAFETY HARBOR FL 34695	
TITLE V	SULLIVAN, TERRY 67 BAY WOODS DR. SAFETY HARBOR FL 34695	2.1 TITLE SULLIVAN, TERRY	67 BAY WOODS DR. SAFETY HARBOR FL 34695
NAME SULLIVAN, TERRY		2.2 NAME SULLIVAN, TERRY	
STREET ADDRESS 67 BAY WOODS DR.		2.3 STREET ADDRESS 67 BAY WOODS DR.	
CITY-ST-ZIP SAFETY HARBOR FL 34695		2.4 CITY-ST-ZIP SAFETY HARBOR FL 34695	
TITLE T	SULLIVAN, TERRY 67 BAY WOODS DR. SAFETY HARBOR FL 34695	3.1 TITLE SULLIVAN, TERRY	67 BAY WOODS DR. SAFETY HARBOR FL 34695
NAME SULLIVAN, TERRY		3.2 NAME SULLIVAN, TERRY	
STREET ADDRESS 67 BAY WOODS DR.		3.3 STREET ADDRESS 67 BAY WOODS DR.	
CITY-ST-ZIP SAFETY HARBOR FL 34695		3.4 CITY-ST-ZIP SAFETY HARBOR FL 34695	
TITLE S	SULLIVAN, TERRY 67 BAY WOODS DR. SAFETY HARBOR FL 34695	4.1 TITLE SULLIVAN, TERRY	67 BAY WOODS DR. SAFETY HARBOR FL 34695
NAME SULLIVAN, TERRY		4.2 NAME SULLIVAN, TERRY	
STREET ADDRESS 67 BAY WOODS DR.		4.3 STREET ADDRESS 67 BAY WOODS DR.	
CITY-ST-ZIP SAFETY HARBOR FL 34695		4.4 CITY-ST-ZIP SAFETY HARBOR FL 34695	
TITLE S	SULLIVAN, TERRY 67 BAY WOODS DR. SAFETY HARBOR FL 34695	5.1 TITLE SULLIVAN, TERRY	67 BAY WOODS DR. SAFETY HARBOR FL 34695
NAME SULLIVAN, TERRY		5.2 NAME SULLIVAN, TERRY	
STREET ADDRESS 67 BAY WOODS DR.		5.3 STREET ADDRESS 67 BAY WOODS DR.	
CITY-ST-ZIP SAFETY HARBOR FL 34695		5.4 CITY-ST-ZIP SAFETY HARBOR FL 34695	
TITLE S	SULLIVAN, TERRY 67 BAY WOODS DR. SAFETY HARBOR FL 34695	6.1 TITLE SULLIVAN, TERRY	67 BAY WOODS DR. SAFETY HARBOR FL 34695
NAME SULLIVAN, TERRY		6.2 NAME SULLIVAN, TERRY	
STREET ADDRESS 67 BAY WOODS DR.		6.3 STREET ADDRESS 67 BAY WOODS DR.	
CITY-ST-ZIP SAFETY HARBOR FL 34695		6.4 CITY-ST-ZIP SAFETY HARBOR FL 34695	

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: Terry T. Sullivan **TERRY T. SULLIVAN V.P.** **05/15/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)