

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P95000040955 (3)**  
1. Corporation Name

**THERANET, INC.**

FILED  
Jul 16 1998 8:00am  
Secretary of State



Principal Place of Business  
**701 ENTERPRISE RD E  
STE. 910  
SAFETY HARBOR FL 34895  
US**

Mailing Address  
**701 ENTERPRISE RD E  
STE. 910  
DUNEDIN FL 34895 SAFETY HARBOR, FL  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 701 ENTERPRISE RD. E**  
Suite, Apt. #, etc.  
**22 SUITE 910**  
City & State  
**23 SAFETY HARBOR, FL**  
Zip  
**24 34695** Country  
**25 USA**

2a. Mailing Address  
**26 701 ENTERPRISE RD. E.**  
Suite, Apt. #, etc.  
**27 SUITE 910**  
City & State  
**28 SAFETY HARBOR, FL**  
Zip  
**29 34695** Country  
**30 USA**

3. Date Incorporated or Qualified

**05/22/1995**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SULLIVAN, TERRY  
67 BAYWOOD DRIVE  
SAFETY HARBOR FL 34695**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	SULLIVAN, JENNIFER	2118 FLAMINGO PL.	SAFETY HARBOR FL 34695	<input type="checkbox"/>
V	SULLIVAN, TERRY	67 BAY WOODS DR.	SAFETY HARBOR FL 34695	<input type="checkbox"/>
T	SULLIVAN, TERRY	67 BAY WOODS DR.	SAFETY HARBOR FL 34695	<input type="checkbox"/>
S	SULLIVAN, TERRY	67 BAY WOODS DR.	SAFETY HARBOR FL 34695	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 or changed, or on an attachment with an address.

CR2E034 (5/98)