SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DCUMENT # Dripporation Name	P95000053883	(1)
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Supplementation   TRO   No.   28   TRO   Supplementation   Suppl	DOCUMENT # P95000	0053883 (1)			
7713 JEWEL LANE #204 NAPLES RL 30942  2. Principal Place of Business 3. Date incorporated or Outshed 3a. Date of Last Report 7771/19955  3. Date incorporated or Outshed 3b. Date of Last Report 7771/19955  3. Date incorporated or Outshed 3a. Date of Last Report 7771/19955  3. Date incorporated or Outshed 3b. Date of Last Report 7771/19955  3. Date incorporated or Outshed 3b. Date of Last Report 7771/19955  3. Date incorporated or Outshed 3b. Date of Last Report 7771/19955  3. Date incorporated or Outshed 3b. Date of Last Report 7771/19955  3. Date incorporated or Outshed 3b. Date of Last Report 7771/19955  3. Date incorporated or Outshed in Called State 7771/19955  3. Date incorporated or Outshed in Called State 7771/19955  3. Date incorporated or Outshed in Called State 7771/1995  3. Date incorporated or Outshed Incorporated Outshed in Called State 7771/19955  3. Date incorporated or Outshed Incorporated Agent  3. Date incorporated Incorporated Outshed Incorporated Agent  3. Date incorporated Incorporated Incorporated Agent  3. Date incorporated Incorporated Incorporated Agent  3. Date incorporated Incorporated Incorporated Agent  3. Date incorporated	THERAPEIA CLINIC, INC.			E INGHIAN DA BANDA ANNO BANDA ANNO BA	HI ZAIRI AIRA IIIRA III KARABARA KARA
April   Apri	Principal Place of Business	Ma⊧ing Address			ill eskol gjies kilgi kalet kales (4), (8),
2. Pincepal Place of Business. 2. Malarg Address 2. Applied For Solution So					
2. Principal Place of Business   2. A. Marling Address   3. B. P. Boys   3. B. Boys				,	3a. Date of Last Report
Suite Apt #, etc.    Suite Apt #, etc.   Suite	2. Principal Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		Applied For
Country 28 Date	214154 Tamiami Teoil No.		94	U5-0595249	
City & State  20	Suite, Apr. #, etc	<u> </u>		5. Certificate of Status Desired	1 1 7 1 2 1 1 1 1 1
Zep	City & State	City & State		6. Flection Campaign Financing	
Strick   S		1			Added to Fees
LEE, KELLY A ESO.   Solid repetition   Solid repe		J		1	
LEE, KELLY A ESO. 501 N. GOODLETTE ROAD STE D100 NAPLES FL 33940  82 Street Address (PO Box Number is Not Acceptable)  83 City  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 open 1 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 1 am familiar with, and accept the obligations of. Section 607 0505. Florida Statutes  SIGNATURE  Signature by the first provision of Sections and Directors. I hereby accept the appointment as registered agent 1 am familiar with, and accept the obligations of. Sections Statutes  Signature by the provision of Sections of Cross and Directors. I hereby accept the appointment as registered agent 1 am familiar with, and accept the obligations of. Sections Statutes  12. OFFICES AND DIRECTORS. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  11. In the Council Statute of Sections of Cross and Directors. I hereby accept the appointment as registered agent 1 am familiar with, and accept the obligations of. Sections of Cross agent 1 am familiar with, and accept the obligations of Cross agent 1 am familiar with, and accept the obligations of Cross agent 1 am familiar with, and accept the obligations of Cross agent 1 am familiar with, and accept the obligations of Cross agent 1 am familiar with, and accept the obligations of Cross agent 1 am familiar with, and accept the obligations of Cross agent 1 am familiar with, and accept the obligations of Cross agent 1 am familiar with, and accept the obligations of Cross agent 1 am familiar with, and accept the obligations of Cross agent 1 am familiar with, and accept the obligations of Cross agent 1 am familiar with, and accept the obligations of Cross agent 1 am familiar with, and accept the obligations of Cross agent 1 am familiar with, and accept the obligations of Cross agent 1 am famili	9. Name and Address of Current				
SOT N. GOODLETTE ROAD STE D100   NAPLES FL 33940   82   Street Address (P.O. Box Number is Not Acceptable)   83   84   City	LEE, KELLY A ESQ.		81 Name		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits his statement for the purpose of changing its registered agent or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the apportment as registered agent and accept the obligations of Section 607 0505, Florida Statutes.    12.	501 N. GOODLETTE ROAD STE D10	00	82 Street A	ddress (P.O. Box Number is Not Acceptab	le)
The 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 agent are born, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent are born, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent are born, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent are familiar with, and accept the obligations of Scatuces.    Signature	NAPLES FL 33940		83		TO THE PART OF THE SECOND OF T
The pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits his statement for the purpose of changing its registered agent are bonn in the State of Florida. Such change was authorized by the corporation's board of orectors. Thereby accept the appointment as registered agent are bonn in the State of Florida. Such change was authorized by the corporation's board of orectors. Thereby accept the appointment as registered agent are familiar with, and accept the obligations of Section 607 0505, Florida Statutes.    Signature					
### Control of the co			- ",		FL   T   T
SIGNATURE	<ol> <li>Pursuant to the provisions of Sections 607.050?</li> <li>office or registered agent or both, in the State of</li> </ol>	and 607.1508, Florida Statutes f Florida, Such change was au	s, the above named co	orporation submits this statement for the pu	rpose of changing its registered
Square to be desired as a desired application for the desired Application (NEET to goternoot Application (NEET to goternoo	agent. I am familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statutes		The apportunent to registered
12. OFFICERS AND DIRECTORS		and the diapplication (NOTE	Registered Agent signar ire re	of wed when reasourings	Date
NAME   LOUGA T. KE(Sey   12 NAME   13 STREET ADDRESS   17 STRUCK LOTK # 24   14 CHY - ST ZEP   17 CHANGE   18 CHANGE		DIRECTORS			CERS AND DIRECTORS IN 12
CITY-ST-ZIP	TITLE President	t			Change Add tion
CITY-ST-ZIP	erpect annuace 7013 Jan Plane # 201	1			
TITLE	VI				
STREET ADDRESS   2 3 STREET ADDRESS   2 4 CHY-ST-ZIP		DELETE	-		Change Addition
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CITY-S1-ZIP 54 CITY-ST-ZIP		50.00			
Title		[ ] DELETE			Change Addition
NAME  6 2 NAME  STREET ADDRESS  6 3 STREET ADDRESS					

6 4 CITY - ST - ZIP

SIGNATURE:

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 it made under oath, that I are true officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

June 6, 96 Chilson core