FILED Sep 17, 1999 8:00 am Secretary of State

09-17-1999 90011 049 ***550.00

DO NOT WRITE IN THIS SPACE

SECOND MOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address
15310 AMBERLY DR.

TAMPA FL 33647

STE 175

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

15310 AMBERLY DR. STE 175

TAMPA FL 33647



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000054934

TOTAL THERAPEUTIC MANAGEMENT, INC.

								3. Date Incorporated or Qualified 07/13/1995		
2. Principal P	Place of Busin	220	722	. Mailing Address				4. FEI Number	Applied For	
21			- ⊢	26				59-3321091	Not Applicable	
Suite, Apt. #, etc.			- 401	Suite, Apt. #, etc.			****		8.75 Additional	
22			27	27				5. Certificate of Status Desired	Fee Required	
City & State			(2)	City & State			 -	6 Floritos Compains Financias		
23			28	¬ '				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip		Country		Zip	Cou	intry		This corporation owes the current year	Added to Fees	
24	ŀ	25 29 30							es 🗆 No	
9. Name and Address of Current Regist				tered Agent				10. Name and Address of New Registered Agent		
		The Francisco Co. Co.	gio			81	Name	191 Hallio Bild Addidos of How Hogisters Age	···-	
PATEL, BHARAT B										
15310 AMBERLY DR.						82 Street Address (P.O. Box Number is Not Acceptable)				
STE 175						83				
TAMPA FL 33647						03				
					-	84	City	FL ⁸	5 Zip Code	
office or agent. I a	am familiar wi	ith, and accept the oblig	gations o	f, section 607.0505, FI	orida Stat	utes	·	n's board of directors. I hereby accept the appointment	ent as registered	
	Signature, typed o	or printed name of registered age				red Ag	ent signature require			
12.	1 <u> </u>	OFFICERS AN	1D DIRE		13.		1.2	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12	
TITLE	P			L DELETE	1.1 111		j		Change Addition	
NAME	177722, 5177071 5					1.2 NAME			Change Addition	
STREET ADDRESS 15310 AMBERLY DR. STE 175					1.2 NA	WE			Change Addition	
CITY-ST-ZIP TAMPA FL 33647							ADDRESS		Change Addition	
	TAMPA FL	BERLY DR. STE 175	i 		1.3 STI 1.4 CIT	REET			Orlange Addition	
TITLE	TAMPA FL	BERLY DR. STE 175 . 33647	<u> </u>	DELETE	1.3 ST	REET			Change Addition	
	TAMPA FL C PEREZ, HI	Berly dr. Ste 175 . 33647 Eriberto n		☐ DELETE	1.3 STI 1.4 CIT	reet / TY-ST- TLE				
TITLE	TAMPA FL C PEREZ, HI 15310 AM	Berly Dr. Ste 175 . 33647 Eriberto N Berly Dr. Ste 175		□ DELETE	1.3 STI 1.4 CII 2.1 TIT 2.2 NA	REET / TY-ST- TLE .ME				
TITLE NAME	TAMPA FL C PEREZ, HI	Berly Dr. Ste 175 . 33647 Eriberto N Berly Dr. Ste 175		□ DELETE	1.3 STI 1.4 CII 2.1 TIT 2.2 NA	REET/ TY-ST- TLE IME REET/	ADDRESS			
TITLE NAME STREET ADDRESS	TAMPA FL C PEREZ, HI 15310 AM	Berly Dr. Ste 175 . 33647 Eriberto N Berly Dr. Ste 175		□ DELETE	1.3 STI 1.4 CF 2.1 T/T 2.2 NA 2.3 STI	REET/ TY-ST- TLE ME REET/ TY-ST-	ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA FL C PEREZ, HI 15310 AM	Berly Dr. Ste 175 . 33647 Eriberto N Berly Dr. Ste 175			1.3 STI 1.4 CF 2.1 TTI 2.2 NA 2.3 STI 2.4 CF	REET / TY-ST- TLE IME REET / TY-ST- TLE	ADDRESS		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	TAMPA FL C PEREZ, HI 15310 AM	Berly Dr. Ste 175 . 33647 Eriberto N Berly Dr. Ste 175			1.3 STI 1.4 CF 2.1 T/F 2.2 NA 2.3 STI 2.4 CF 3.1 TIT 3.2 NA	REET / IY-ST- ILE REET / IY-ST- ILE	ADDRESS		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TAMPA FL C PEREZ, HI 15310 AM	Berly Dr. Ste 175 . 33647 Eriberto N Berly Dr. Ste 175			1.3 STI 1.4 CF 2.1 T/F 2.2 NA 2.3 STI 2.4 CF 3.1 TIT 3.2 NA	REET / IV-ST- ILE REET / IV-ST- LE ME REET /	ZIP ADDRESS ZIP ADDRESS		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TAMPA FL C PEREZ, HI 15310 AM	Berly Dr. Ste 175 . 33647 Eriberto N Berly Dr. Ste 175			1.3 STI 1.4 CF 2.1 TIT 2.2 NA 2.3 STI 2.4 CF 3.1 TIT 3.2 NA 3.3 STI	REET / TLE IME REET / TLE ME REET / TY-ST- TLE REET / REET /	ZIP ADDRESS ZIP ADDRESS		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA FL C PEREZ, HI 15310 AM	Berly Dr. Ste 175 . 33647 Eriberto N Berly Dr. Ste 175		☐ DELETE	1.3 STI 1.4 CF 2.1 TTI 2.2 NA 2.3 STI 2.4 CF 3.1 TII 3.2 NA 3.3 STI 3.4 CF	REET, TY-ST- TLE REET, TY-ST- TLE ME REET, TY-ST- TLE ME REET, TY-ST- TLE TY-ST- TLE TY-ST- TLE	ZIP ADDRESS ZIP ADDRESS		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TAMPA FL C PEREZ, HI 15310 AM	Berly Dr. Ste 175 . 33647 Eriberto N Berly Dr. Ste 175		☐ DELETE	1.3 STI 1.4 CI 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TIII 3.2 NA 3.3 STI 4.1 TIII 4.2 NA	TY-ST- TLE ME REET / TY-ST- TY-ST- TLE ME	ZIP ADDRESS ZIP ADDRESS		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TAMPA FL C PEREZ, HI 15310 AM	Berly Dr. Ste 175 . 33647 Eriberto N Berly Dr. Ste 175		☐ DELETE	1.3 STI 1.4 CI 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TIII 3.2 NA 3.3 STI 4.1 TIII 4.2 NA	REET / ITY-ST- ILE MME REET / ILE MME REET / ITY-ST- ILE MME REET / ITY-ST- ILE MME REET / ITHERITAGE ME REET /	ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TAMPA FL C PEREZ, HI 15310 AM	Berly Dr. Ste 175 . 33647 Eriberto N Berly Dr. Ste 175		☐ DELETE	1.3 STI 1.4 CI 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI 4.1 TIT 4.2 NA 4.3 STI	REET/ ITY-ST- ILE ME REET/ ITY-ST- ILE ME REET/ ITY-ST- ILE ME REET/ ITY-ST- ILE ME REET/ ITY-ST- ITY-	ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS		Change Addition	

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 if changed, or on an attachment with an address.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Re required

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

9/12/99

CR2F034 (5/99

Change Addition