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May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000056481 (1)

1. Corporation Name

THERAPEUTIC OPTIONS, INC.



Principal Place of Business

Mailing Address

1680 MICHIGAN AVE.  
SUITE 1105  
MIAMI FL 33139

1680 MICHIGAN AVE.  
SUITE 1105  
MIAMI FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 1680 MICHIGAN AVE.  
Suite, Apt. #, etc.

26 1680 MICHIGAN AVE.  
Suite, Apt. #, etc.

22 SUITE 1004  
City & State

27 SUITE 1004  
City & State

23 MIAMI BEACH, FL.  
Zip Country

28 MIAMI BEACH, FL.  
Zip Country

24 33139

25

29 33139

30

9. Name and Address of Current Registered Agent

HANNERS, MICHAEL  
1680 MICHIGAN AVE.  
SUITE 1105  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name  
HANNERS, MICHAEL

82 Street Address (P.O. Box Number is Not Acceptable)  
1680 MICHIGAN AVE.

83 SUITE 1004

84 City  
MIAMI BEACH

FL

85 Zip Code  
33139

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  
HANNERS, MICHAEL  
1680 MICHIGAN AVE. #1105  
MIAMI BEACH FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
HANNERS, MICHAEL  
1680 MICHIGAN AVE. #1004  
MIAMI BEACH, FL. 33139

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
DELETE

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

CR2E034 (10/97)