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Aug 11 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. Corporation Name
Therapeutic Options, Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| 1680 Michigan Ave.<br>Suite 1004<br>Miami Bch FL 33139 | 1680 Michigan Ave.<br>Suite 1004<br>Miami Bch, FL 33139 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7-20-95

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 9732 S.W. 24th St. | 26 9732 S.W. 24th St. |
| 22 Suite 100<br>23 Miami, FL | 27 Suite 100<br>28 Miami, FL |
| 24 Zip 33165 | 29 Zip 33165 |
| 25 Country US | 30 Country US |

4. FEI Number: 65-0593851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Trust Fund Contribution ☐ Added to Fees

6. 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 | 10. Name and Address of New Registered Agent |
|---|---|
| ~~Hanners, Michael~~<br>~~1680 Michigan Avenue~~<br>~~Suite 1004~~<br>~~Miami Bch, FL 33139~~ | 81 Name: J. Everett Wilson<br>82 Street Address (P.O. Box Number is Not Acceptable): 2151 Le Jeune Rd.<br>83 Mezzanine<br>84 City: Coral Gables FL 85 Zip Code: 33134 |

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: J. Everett Wilson — 7/27/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE<br>~~D~~<br>~~Hanners, Michael~~<br>~~1680 Michigan Ave, Suite 1004~~<br>~~Miami Bch, FL 33139~~ | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>D<br>Rigueiro, Frank<br>9732 S.W. 24 St., Suite 100<br>Miami, FL 33165 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>900002613419<br>-08/12/98--01006--020<br>***61.25 |

8/11

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:** ~~SIGNATURE REQUIRED~~ Frank Rigueiro (305) 225-8837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 7-28-98 — Daytime Phone # — 0177819