FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 AUG 26 AM 7:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000069990 (6)**

1. Corporation Name

PROFESSIONAL THERAPEUTIC ALTERNATIVE, INC

Principal Place of Business	Mailing Address
5555 COLLINS AVE., #10 W MIAMI BEACH FL 33140	5555 COLLINS AVE., #10 W MIAMI BEACH FL 33140

3. Date Incorporated or Qualified: 09/07/1995
3a. Date of Last Report: 09/07/95

2. Principal Place of Business
21: 1433 N.W. 13 TERR
22: Suite, Apt. #, etc.:
23: City & State: Miami FL
24: Zip: 33125
25: Country: DADE

2a. Mailing Address
26: 1433 N.W. 13 TERR
27: Suite, Apt. #, etc.:
28: City & State: MIAMI FL
29: Zip: 33125
30: Country: DADE

4. FEI Number: 65-0604781 ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MAGNORSKY, NATALIA B
19901 E COUNTRY CLUB #105
N. MIAMI FL 33180

10. Name and Address of New Registered Agent

81 Name: NATALIA B MAGNORSKY
82 Street Address (P.O. Box Number is Not Acceptable): 1433 N.W. 13TERR
83:
84 City: MIAMI FL 85 Zip Code: 33125

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: X N. Magnorsky (signature, typed or printed name of registered agent, if changed, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 8/22/96

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAGNORSKY, NATALIA B 19901 E COUNTRY CLUB #105 N. MIAMI FL 33180	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VALAREZO, CARMEN 800 BENEVENTO AVE. CORAL GABLES FL 33146	☒ 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	PV MAGNORSKY, NATALIA B. 1433 N.W. 13TERR. MIAMI FL 33125	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	600001975[illegible] ☐ Change ☐ Addition -10/15/96--01226--006 ****225.00 ****225.00	
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	MWB 9-11-96	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 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: X N. Magnorsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/22/96
Date

(305) 547-1600
Daytime Phone #