## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000069990

## FILED May 08 1997 8:00am Secretary of State

1. Comporation Name PROFESSIONAL THERA	PEUTIC ALTERNAT	IVE, INC.			
Principal Place of Business	Mailing Address	<u></u>			
1433 NW 13 Terr.	1433 NW 1	3 Tann			
Miami, FL 33125	Miami, FL	<del>-</del>			
11141111 111 111111	Manual to	JJIZJ	3. Date Incorporated or Qualified	3s. Date of Las	l Report
			9-7-95		
2. Principa Place of Business	2a. Mailing Address		4. FEI Number	1	Applied For
21	26		65-0604781		Not Applicable
Suge Art # etc 22	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required
City & State	City & State		6. Election Campaign Financing	\$5.0	0 May Be
23	28		Trust Fund Contribution		ed to Fees
Z <sub>D</sub> Country	Zip	Country	8. This corporation has liability for it		r s. 199.032,
24 25	29	30		Yes No	
9. Name and Address of 6	Current Registered Agent	B1 Name	10. Name and Address of New Rec	gistered Agent	
Natalia Magnorsk			Daisy Dana		
1433 NW 13 Terr.		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
Miami, FL 33125		83	1433 NW 13 Terr.		
MIAMI, FL 33125					į
		84 City			p Code
		P	Miami		3125
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11. Pursuant to the provisions of Sections 60 office or registered agein or both, in the	07.0502 and 607.1508, Florida Stat a Staft: of Florida. Such change was	utes, the above-named cor s authorized by the corpora	rporation submits this statement for the pi ation's board of directors. I hereby accep	urpose of changing It the appointment	as registered
office or registered age in or both, in the agent. I am familiar with, and accept the	e Staft: of Florida. Such change was e oblidations of, Section 607.0505. I	s authorized by the corpora Florida Statutes.	ation's board of directors. I hereby accep	urpose of changing It the appointment	as registered
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14. The order by Centry treat the Information spring with this ining does not quality for the exemption stated in Section 1 and a statutes. Turrier centry that the safemation in the advantage and that my signature shall have the same legal effect as if made under oath; that are an efficient 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 paged, or on an attackment with an address.

SIGNATURE:

X SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

e Daytime Phorin #