


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

FILED

Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000031766
1. Corporation Name

THERAPY IN MOTION, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
April 11, 1996

3a. Date of Last Report

2. Principal Place of Business

21 1028 Southern Oak Lane

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Apopka, FL

27 City & State

28

Zip

24 32712

Country

Zip

29

Country

30

4. FEI Number
65-0663392

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

10. Name and Address of New Registered Agent

81 Name

DAVID JOB

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

1028 Southern Oak Lane

83

84 City

Apopka

FL

85 Zip Code
32712

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

David Job

(NOTE: Registered Agent signature required when reinstating)

3-7-97

DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE President
NAME David Job
STREET ADDRESS 1028 Southern Oak Lane
CITY-ST-ZIP Apopka, FL 32712

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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14. I do 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:

David Job
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-97

Date

Daytime Phone #

CR2E034 (9/96)