


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

FILED

Apr 28 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 # P96000044496 (3)

1. Corporation Name
SONOMA THERAPY, INC.

Principal Place of Business % RAHN PROPERTIES 1512 EAST BROWARD BLVD., SUITE 301 FT. LAUDERDALE FL 33301	Mailing Address % RAHN PROPERTIES 1512 EAST BROWARD BLVD., SUITE 301 FT. LAUDERDALE FL 33301-2190
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3. Date Incorporated or Qualified 05/24/1996	3a. Date of Last Report
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2. Principal Place of Business 21 450 E. LAS OLAS BLVD. Suite, Apt. #, etc. 22 SUITE 700 City & State 23 FT. LAUDERDALE, FL Zip Country 24 33301	2a. Mailing Address 26 450 E. LAS OLAS BLVD. Suite, Apt. #, etc. 27 SUITE 700 City & State 28 FT. LAUDERDALE, FL Zip Country 29 33301
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4. FEI Number 65-0678677	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GARDINA, CAROL J % RAHN PROPERTIES 1512 EAST BROWARD BLVD., SUITE 301 FT. LAUDERDALE FL 33301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 450 EAST LAS OLAS BLVD. 83 SUITE 700 84 City FT. LAUDERDALE FL 85 Zip Code 33301
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, JOHN H		1.2 NAME	
STREET ADDRESS 1512 E. BROWARD BLVD., SUITE 301		1.3 STREET ADDRESS 450 E. LAS OLAS BLVD., SUITE 700	
CITY-ST-ZIP FT. LAUDERDALE FL 33301		1.4 CITY-ST-ZIP FT. LOAUDERDALE, FL 33301	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBERTS, PETER H		2.2 NAME	
STREET ADDRESS 1512 E. BROWARD BLVD., SUITE 301		2.3 STREET ADDRESS 450 E. LAS OLAS BLVD., SUITE 700	
CITY-ST-ZIP FT. LAUDERDALE FL 33301		2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME STIRK, ROBERT J.	
STREET ADDRESS		3.3 STREET ADDRESS 450 E. LAS OLAS BLVD., SUITE 700	
CITY-ST-ZIP		3.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 13. If changed, or on an attachment with an address.

SIGNATURE:  **JOHN H. ANDERSON** 418-97 954,524,5336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)