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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000044916**1. Corporation Name

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

MATTHEA'S THERAPEUTIC SERVICES, INC.

				warn		.			HEID BILL 1961
Principal Place	e of Business	Mailing Address							
7597 BRISTOL BAY LANE LAKE WORTH FL 33467 7597 BRISTOL BAY LANE LAKE WORTH FL 33467			IE		•	÷			
					DO NOT WRITE IN THIS SPACE				
					3. Date Incorpora	ited or Qualifed			
					05/07/1996				
2. Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number	-		Ap	plied For
21		26			65-0673992	2		No	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			1			\$8.75 A	Additional
22	,	27			5. Certifcate of St	tatus Desired (Fee Re	quired
City & State	e	City & State			6. Election Camp	aign Financing ,		\$5.00	May Be
23		28			Trust Fund Cor	ntribution l		Added to	o Fees
Zip	Country	Zip	Cou	intry	8. This corporation	on owes the current	t year Inta		_
24	25	29	30		Personal Prope	erty Tax.		Yes	□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Ad	dress of New Reg	gistered A	Agent	
				81 Name	TMOSFE	ERA E	MN	1AN i	ルモム
	OSFERA, EMMANUEL			82 Street Add	Iress (P.O. Box Number	er is Not Acceptable	e)		
	BRISTOL BAY LANE			640-	7 STONE	HURC	F C	IPCL	E
LAKI	E WORTH FL 33467			83	1 9701-0	, , , , , , , , , , , , , , , , , , , ,		1,20	_
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				84 City	AKE WOR	2774	FL	10133	467
				1 1					
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Florida Stat	tutes, the a	bove-named con	poration submits this st	tatement for the pu	rpose of	changing its	registered
11. Pursuant office or re	to the provisions of Sections 607.05 egistered agent or both, in the State	502 and 607.1508, Florida State of Florida. Such change was ustions of Section 607.0505.	tutes, the a s authorized	above-named corp d by the corporati	poration submits this st ion's board of directors	tatement for the pu	rpose of one of the appointment	changing its ntment as req	registered gistered
office or re agent. I as	egistered agent or both, in the State m familiar will and accept the oblig	е от Fiorida. Such change was gations of, Section 607.0505, F	s authorizet Florida Stat	utes.	poration submits this st ion's board of directors	s. Trictedy accept t	irpose of o	changing its ntment as req	registered gistered
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6.3 STREET ADORESS

6.4 CITY-ST-ZIP

FILED Feb 21, 1999 8:00 am Secretary of State

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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 attaching with an artifess, with all other like empowered.