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FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000060379 (0)

1. Corporation Name  
THERASYS, INC.



Principal Place of Business  
340 NORTH ORANGE AVENUE  
ORLANDO FL 32801

Mailing Address  
340 NORTH ORANGE AVENUE  
ORLANDO FL 32801-1611

3. Date Incorporated or Qualified  
07/18/1996

3a. Date of Last Report

2. Principal Place of Business  
21 105 E. Robinson

2a. Mailing Address  
26 P. O. Box 3628

4. FEI Number  
59-3343198

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 Suite 201

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

City & State  
23 Orlando, FL

City & State  
28 Orlando, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip Country  
24 32801 25 USA

Zip Country  
29 32802-3628 30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALLEN, THOMAS R  
340 NORTH ORANGE AVENUE  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

Allen, Thomas R.

82 Street Address (P.O. Box Number is Not Acceptable)  
105 E. Robinson, Suite 201

83

84 City  
Orlando

FL

85 Zip Code  
32801

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 607.0605, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME FULK, PAUL F  
STREET ADDRESS 6248 RIVERCLIFF LANE  
CITY-ST-ZIP DAYTON OH 45449

TITLE D ☐ DELETE  
NAME PHILPOT, EARNE S  
STREET ADDRESS 8701 SLAGEL ROAD  
CITY-ST-ZIP CANTERVILLE OH 45458

TITLE D ☐ DELETE  
NAME BRENNAN, NORMAN  
STREET ADDRESS 4848 GLENHEATH DRIVE  
CITY-ST-ZIP DAYTON OH 45440

TITLE D ☐ DELETE  
NAME BOSMA, LEE  
STREET ADDRESS 4764 EAST STATE ROAD 40  
CITY-ST-ZIP TIPP CITY OH 45371

TITLE D ☐ DELETE  
NAME WILSON, JEFFREY  
STREET ADDRESS 5218 TANAGER AVENUE, N.E.  
CITY-ST-ZIP CANTON OH 44705

TITLE D ☐ DELETE  
NAME THEODORE, THALES  
STREET ADDRESS 224 WEST SEAVIEW CIRCLE  
CITY-ST-ZIP DUCK KEY FL 33050

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Earnest S. Philpot* EARNEST S. PHILPOT PRESIDENT 4/10/97 957433-6603

CR2E034 (9/96)