

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

105 E ROBINSON
SUITE 201
ORLANDO FL 32801
US

Mailing Address

P O BOX 3628
ORLANDO FL 32802-3628
US

APPROVED
AND
FILED

98 OCT 23 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1996

4. FEI Number

59-3343198

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALLEN, THOMAS R
105 E ROBINSON, SUITE 201
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

500002678625-6
-11/03/98-01014-015
******550.00 ****550.00**
FL 85 Zip Code 00

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D /C/V	FULK, PAUL F	6248 RIVERCLIFF LANE	DAYTON OH 45449	<input type="checkbox"/>
D /P/T	PHILPOT, EARNIE S	8701 SLAGEL ROAD	CENTERVILLE OH 45458	<input type="checkbox"/>
D	BRENNAN, NORMAN	4648 GLENHEATH DRIVE	DAYTON OH 45440	<input type="checkbox"/>
D	BOSMA, LEE	4754 EAST STATE ROAD 40	TIPP CITY OH 45371	<input type="checkbox"/>
D	WILSON, JEFFREY	5218 TANAGER AVENUE, N.E.	CANTON OH 44705	<input type="checkbox"/>
D	THEODORE, THALES	224 WEST SEAVIEW CIRCLE	DUCK KEY FL 33050	<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	R. A. KYKER, JR.	601 ALDER BRANCH ROAD	SEVIERVILLE, TN 37862	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	RONALD E. NIEKAMP	1777 TUCKAWAY COURT	SPRINGBORO OH 45066	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	FRED W. ISAACS, JR	3810 ATLANTIC AVE., SUITE 103	VIRGINIA BEACH, VA 23451	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	HENRY R. FOCKE, JR.	13000 NW FIRST STREET	PLANTATION, FL 33235	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	MARY K. JONES	P.O. BOX 44	TROY, OH 45373	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 attachment with an address.

SIGNATURE: **Sandra B. Mortham** President

8/20/98 937/643-3411

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CR2E034 (5/98)