

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

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90118 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000060379

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified 07/18/1996	
4. FEI Number 59-3343198	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	DCV	<input type="checkbox"/> DELETE
NAME	FULK, PAUL F	
STREET ADDRESS	6248 RIVERCLIFF LANE	
CITY-ST-ZIP	DAYTON OH 45449	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	PHILPOT, EARNIE S	
STREET ADDRESS	8701 SLAGEL ROAD	
CITY-ST-ZIP	CENTERVILLE OH 45458	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRENNAN, NORMAN	
STREET ADDRESS	4648 GLENHEATH DRIVE	
CITY-ST-ZIP	DAYTON OH 45440	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOSMA, LEE	
STREET ADDRESS	4754 EAST STATE ROAD 40	
CITY-ST-ZIP	TIPP CITY OH 45371	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, JEFFREY	
STREET ADDRESS	5218 Tanager Avenue, N.E.	
CITY-ST-ZIP	CANTON OH 44705	
TITLE	D	<input type="checkbox"/> 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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	R. A. KYKER, JR.	
1.3 STREET ADDRESS	601 ALDER BRANCH ROAD	
1.4 CITY-ST-ZIP	SVIERVILLE, TN 37862	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RONALD E. NIEKAMP	
2.3 STREET ADDRESS	1777 TUCKAWAY COURT	
2.4 CITY-ST-ZIP	SPRINGBORO, OH 45066	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FRED W. ISAACS, JR.	
3.3 STREET ADDRESS	3810 ATLANTIC AVE., SUITE 103	
3.4 CITY-ST-ZIP	VIRGINIA BEACH, VA 23451	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HENRY R. FOCKE, JR.	
4.3 STREET ADDRESS	13,000 NW FIRST STREET	
4.4 CITY-ST-ZIP	PLANTATION, FL 33235	
5.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARY K. JONES	
5.3 STREET ADDRESS	128 S. PLUM STREET	
5.4 CITY-ST-ZIP	TROY, OH 45373	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *Earnie S. Philpot* **EARNIE S. PHILPOT, DIR. & PRES.** 939/643-3411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)