

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90118 019 \*\*\*150.00

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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

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 the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

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

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

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

TITLE DPT ☐ DELETE  
NAME PHILPOT, EARNIE S  
STREET ADDRESS 8701 SLAGEL ROAD  
CITY-ST-ZIP CENTERVILLE OH 45458

TITLE D ☐ DELETE  
NAME BRENNAN, NORMAN  
STREET ADDRESS 4648 GLENHEATH DRIVE  
CITY-ST-ZIP DAYTON OH 45440

TITLE D ☐ DELETE  
NAME BOSMA, LEE  
STREET ADDRESS 4754 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 D ☐ Change ☐ 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 ☐ Change ☐ 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 ☐ Change ☐ 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 ☐ Change ☐ 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 ☐ Change ☐ 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 ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)