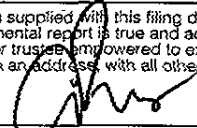


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000062603		
1. Entity Name TOTAL THERAPY, INC.		
Principal Place of Business 531 SOUTH MARION ST LAKE CITY, FL 32025 US		Mailing Address 1857 FLOYD ST STE 200 SARASOTA, FL 34239 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PENNER, CONRAD L 1857 FLOYD ST STE 200 SARASOTA, FL 34239		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PENNER, CONRAD L 1857 FLOYD ST STE 200 SARASOTA, FL 34239	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  CONRAD Penner		7/6/04 941-316-0664



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3401380	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

U00000164320

07/09/04-80009-004 150.00