

**2000 UNIFORM BUSINESS REPORT (UBR)**

*Amended*

DOCUMENT # *PA600000991105*

1. Entity Name  
*Milestones Therapy, Inc*

**FILED**

**00 AUG 30 AM 11:28**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
*6396 Bridgeport Lane  
Lake Worth, FL 33463*

2. Principal Place of Business *6396 Bridgeport Lane*  
Suite, Apt. #, etc.  
3. Mailing Address *6396 Bridgeport Lane*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Lake Worth, FL* City & State *Lake Worth, FL* 4. FEI Number *65-071-3112* Applied For  Not Applicable   
Zip *33463* Country *US* Zip *33463* Country *US* 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
*Carolyn P. Nieri  
5146 Palm Way  
Lake Worth, FL 33463*

7. Name and Address of New Registered Agent  
Name *Stacy M. Flanagan*  
Street Address (P.O. Box Number is Not Acceptable) *6396 Bridgeport Lane*  
City *Lake Worth* FL Zip Code *33463*

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.

SIGNATURE *Stacy L.M. Flanagan, President* DATE *8/28/00*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State** 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE <i>President, Secretary</i>	<input checked="" type="checkbox"/> Delete
NAME <i>Carolyn P. Nieri</i>	
STREET ADDRESS <i>5146 Palm Way</i>	
CITY-ST-ZIP <i>Lake Worth, FL 33463</i>	
TITLE <i>Vice President, Treasurer</i>	<input checked="" type="checkbox"/> Delete
NAME <i>Ralph C. Nieri</i>	
STREET ADDRESS <i>5146 Palm Way</i>	
CITY-ST-ZIP <i>Lake Worth, FL 33463</i>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <i>President, Treasurer</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>Stacy L.M. Flanagan</i>	
STREET ADDRESS <i>6396 Bridgeport Lane</i>	
CITY-ST-ZIP <i>Lake Worth, FL 33463</i>	
TITLE <i>Vice President, Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>Patrick M. Flanagan</i>	
STREET ADDRESS <i>6396 Bridgeport Lane</i>	
CITY-ST-ZIP <i>Lake Worth, FL 33463</i>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carolyn P. Nieri* *Stacy L.M. Flanagan* DATE *8/28/00* (561) 967-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)