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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P97000039264**

1. Corporation Name
IN-HOUSE THERAPY SYSTEMS, INC

Principal Place of Business	Mailing Address
~~2700 NW 99TH AVE~~	~~2700 NW 99TH AVE~~
~~117A~~	~~117A~~
~~POMPANO BEACH FL 33065~~	~~POMPANO BEACH FL 33065~~
~~US~~	~~US~~

DR

2. Principal Place of Business	2a. Mailing Address
21 4881 N.W. 97 DR	26 4881 N.W. 97 DR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CORAL SPRINGS, FL	City & State 28 CORAL SPRINGS, FL
Zip 24 33076 Country 25 BROW.	Zip 29 33076 Country 30 BROW

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1997

4. FEI Number: 65-0756569 ☐ 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

9. Name and Address of Current Registered Agent

~~SIEGEL, BARBARA~~
~~2700 NW 99TH AVE, #117~~
~~POMPANO BEACH FL 33065~~

10. Name and Address of New Registered Agent

81 Name STEPHEN BEAUJON
82 Street Address (P.O. Box Number is Not Acceptable) 4881 N.W. 97 DR
83
84 City CORAL SPRINGS FL 85 Zip Code 33076

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 _____ 4/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MARKS, JOAN		1.2 NAME	STEPHEN BEAUJON	
STREET ADDRESS	1450 NW 81ST TERR		1.3 STREET ADDRESS	4881 N.W. 97 DR	
CITY-ST-ZIP	PLANTATION FL 33322		1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034.(1-1/98)

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 REQUIRED 4/8/99 954-341-4883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
STEPHEN BEAUJON