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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandry,B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P97000059596 (1)

THERA PLACE, INC.

**FILED** May 26 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address	1111		#((# 1218) #11(\$ 1218 #11( 128)
3801 RIDGEWOOD DR 3801 RIDGEWOOD DR				
PALM BEACH GARDENS FL 33403	PALM BEACH GARDEN	S FL 33403	DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	0017102
			07/07/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0811699	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		S. Commode of Glades Decired	Fee Required
City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23	[28]	Country	Trust Fund Contribution	Added to Fees
Zip Country	Zip	30	<ol> <li>This corporation owes or has paid the of Personal Property Tax due June 30.</li> </ol>	current year intangible  Yes No
24 25 25 Name and Address of Curr	[29] rent Registered Agent	1301	10. Name and Address of New Registere	
SANFORD, SCOTT A	<del></del> <del></del>	81 Name		
3801 RIDGEWOOD DR		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
PALM BEACH GARDENS FL 334	03	92 Shaet Wor	uress (F.O. Box Number is Not Acceptable)	
		83		
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0	0502 and 607 1508, Florida State	ules, the above-named co	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	
office or registered agent, or both, in the Str agent Tam familiar with and accept the ob-	ate of Florida. Such <b>change w</b> as ligations of Se <b>ebon 607.0505</b> , F	s authorized by the corpora Florida Statutes.	ation's board of directors. I hereby accept the al	ppointment as registered
SIGNATURE		lent	1/4	190
Senatory type of or posts of the cult regards of	a jesus distil d'applicable (NO	TIT: Bog sterod Agent's gnature req	A	
12. OFFICERS	AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12   Addition
STREET ADDRESS CHY-ST-ZIP  TITLE  SEO H A. San For STREET ADDRESS  CHY-ST-ZIP  Palm Ranh Conclus	`. O	1.1 THLE		Change C Accidion
NAME 380/ Ride Purior	Deive	1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS	F1 33463			
TITLE	DELETE	1 4 CHY - S1 - 7IF		Change Addition
NAME		2 2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CHY-S1-ZIP		
TIPLE	DELETE	3.1 HILE		☐ 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		
STREE1 ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		Ne l
STREET ADDRESS		5.3 STREET ADDRESS		45.26
CITY-ST-7IP	T house	5.4 CITY - ST - ZIP		Change Addition
TILE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME	_	NO.
STREET ADURESS		6.3 STREET ADDRESS	ſ	/・VaЫ()
CITY-ST-ZIP	Lwith this filing close not qualify	6.4 CHY-ST-ZIP	in Section 119.07(3)(i) Florida Statutes I further	certify mat the information

receive carry man no mormation supplies with risk integraces not quality for the exemption stated in Section 119-07(3)(i), Florida Statutes. I further certify that find indicated on this annual report or suppliemental 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 this corporation or the receiver or frusted 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.