

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

FILED  
Feb 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000066076 (5)

1. Corporation Name

KINEMATICS THERAPY, INC.

Principal Place of Business

Mailing Address

2650 NE 52ND STREET  
LIGHTHOUSE POINT FL 33064-7052

2650 NE 52ND STREET  
LIGHTHOUSE POINT FL 33064-7052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1997

4. FEI Number

59-3468699

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 23428 Serene Meadow

Suite, Apt. #, etc.

22 Drive South

City & State

23 Boca Raton FL

Zip

24 33428-5208

Country

25

2a. Mailing Address

26 23428 Serene Meadow Dr South

Suite, Apt. #, etc.

27

City & State

28 Boca Raton FL

Zip

29 33428-5208

Country

30

9. Name and Address of Current Registered Agent

WILLIAMS, STEPHEN G  
2650 NE 52ND STREET  
LIGHTHOUSE POINT FL 33064-7052

10. Name and Address of New Registered Agent

81 Name

GHARANFOLI, Mahmood

82 Street Address (P.O. Box Number is Not Acceptable)

23428 Serene Meadow Drive South

83

84 City

Boca Raton

FL

85 Zip Code

33428

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

*Mahmood Gharanfoli*

x 2-16-98

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 D ☐ DELETE

NAME GHARANFOLI, MAHMOOD  
STREET ADDRESS 23428 SERENE MEADOW DR., SOUTH  
CITY-ST-ZIP BOCA RATON FL 33428-5208

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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.

SIGNATURE *Mahmood Gharanfoli* x 2-16-98

CR2E034 (10/97)