

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

FILED  
May 20 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P97000068498  
1. Corporation Name

**RESPONSE THERAPIES, INC.**

Principal Place of Business <b>2242 Tulip Street</b> <b>Sarasota, FL 34239</b>	Mailing Address <b>2242 Tulip Street</b> <b>Sarasota, FL 34239</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**8/6/97**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>65-0773308</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**Wanda W. Hill**  
**2242 Tulip Street**  
**Sarasota, FL 34239**

**10. Name and Address of New Registered Agent**

81 Name <b>Wanda Hill Bradley</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2242 Tulip Street</b>
83 City <b>Sarasota, FL</b>
84 Zip Code <b>34239</b>

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Wanda Hill Bradley* **Wanda Hill Bradley** **April 30, 1998**  
(Signature typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Wanda W. Hill</b>		1.2 NAME <b>Wanda Hill Bradley</b>	
STREET ADDRESS <b>2242 Tulip Street</b>		1.3 STREET ADDRESS <b>2242 Tulip Street</b>	
CITY-ST-ZIP <b>Sarasota, FL 34239</b>		1.4 CITY-ST-ZIP <b>Sarasota, FL 34239</b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	2.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		2.2 NAME <b></b>	
STREET ADDRESS <b></b>		2.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		2.4 CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	3.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		3.2 NAME <b></b>	
STREET ADDRESS <b></b>		3.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		3.4 CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	4.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		4.2 NAME <b></b>	
STREET ADDRESS <b></b>		4.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		4.4 CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	5.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		5.2 NAME <b></b>	
STREET ADDRESS <b></b>		5.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		5.4 CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> DELETE	6.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		6.2 NAME <b></b>	
STREET ADDRESS <b></b>		6.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		6.4 CITY-ST-ZIP <b></b>	

**700002532357**  
**-05/22/98--01004--002**  
**\*\*\*150.00**

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: *Wanda Hill Bradley* **Wanda Hill Bradley** **4/30/98** **(941) 362-9785**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)