

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90017 042 ***150.00

DOCUMENT # **P97000086418**

1. Corporation Name

DIMENSIONS ACHIEVEMENTS IN THERAPY, INC.

Principal Place of Business

20700 W. DIXIE HIGHWAY
SUITE 102
N. MIAMI BEACH FL 33180

Mailing Address

20700 W. DIXIE HIGHWAY
SUITE 102
N. MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1997

4. FEI Number

65-0793012

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.

☒ Yes ☐ No

2. Principal Place of Business

1 Suite, Apt. #, etc.

3 City & State

4 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BERSSON, ROBIN
20700 W. DIXIE HIGHWAY
SUITE 102
N. MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

1. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

1. LE PSTD ☐ DELETE
ME **BERSSON, ROBIN**
REET ADDRESS **20700 W. DIXIE HIGHWAY, #012**
Y-ST-ZIP **N. MIAMI BEACH FL 33180**

2. LE ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

3. LE ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

4. LE ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

5. LE ☐ DELETE
ME
REET ADDRESS
Y-ST-ZIP

6. LE ☐ DELETE
ME
REET ADDRESS
Y-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

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:

ROBIN BERSSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 933-5887

CR2E034 (5/99)

0059861

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583506-90017-42

Dimensions

20700 West Dixie Highway, Suite 102
North Miami Beach, Florida 33180
(305) 933-5887 / 933-8991 fax

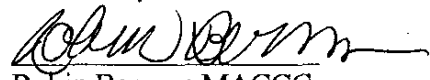
July 1, 1999

To Whom It May Concern at the Department of the State:

We just received the Profit Corporation Annual Report, Document #P97000086418, for Dimensions: Achievements in Therapy, FEI Number 65-0793012, in the mail on yesterday. According to your records, this was our second notification, but we never received the original notification. Without this notification, the annual filing fee was not processed for payment as this is an annual fee rather than a monthly expense. Please accept our payment of \$150.00 without the late payment fee, as we always attempt to file on a timely basis. I am sending the payment and this communication via overnight delivery as a gesture of my good faith and look forward to a positive response.

Thank you for your consideration.

Sincerely,



Robin Bersson, MACCC
President, Dimensions