

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000099540

1. Corporation Name

THERA-PEDX, INC.

Principal Place of Business

805 NW 13TH ST.
GAINESVILLE FL 32601

Mailing Address

805 NW 13TH ST.
GAINESVILLE FL 32601

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90086 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1997

4. FEI Number

59-3479542

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

2. Principal Place of Business

2a. Mailing Address

21 510 S. LAWRENCE BLVD
Suite, Apt. #, etc.

26 510 S. LAWRENCE BLVD
Suite, Apt. #, etc.

22 KEYSTONE HEIGHTS, FL.
City & State

27 KEYSTONE HEIGHTS, FL.
City & State

23 32656 CLAY
Zip Country

28 32656 CLAY
Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

STAPLES, MARCIA B
805 NW 13TH ST.
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

STAPLES, MARCIA B

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

510 S. LAWRENCE

83

KEYSTONE HEIGHTS

84 City

FL

85 Zip Code

32696

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

Marcia B. Staples

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 ☐ DELETE
NAME PSTD
STREET ADDRESS STAPLES, MARCIA B
CITY-ST-ZIP 805 NW 13TH ST.
GAINESVILLE FL 32601

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 DSTD
1.3 STREET ADDRESS STAPLES, MARCIA B
1.4 CITY-ST-ZIP 510 S. LAWRENCE BLVD.
KEYSTONE HEIGHTS, FL. 32696

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, with all other like empowered.

SIGNATURE:

Marcia B. Staples
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99 (352) 375-6890

Date

Daytime Phone #

(352) 1173-1002

CR2E034 (1/198)