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

PROFIT **CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

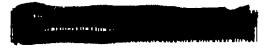
DOCUMENT # . 7000100104

THERAPEUTIC ASSOCIATES, INC.

Principal Place of Business

Mailing Address

FILED Jun 04 1998 8:00am Secretary of State



9002 SOUTHM MIAMI FL 331	/EST 152ND STREET 76	9002 SOUTHWEST 152ND STREET MIAMI FL 33176						
						DO NOT WRITE IN TH	S SPACE	
						3. Date Incorporated or Qualified		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26			<u> </u>	65-0796407		Not Applicable
Suite, Apt. #. etc.		Suile, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required
City & State		City & State				C. Fleating Compales Figureins		
23		28				Election Campaign Financing Trust Fund Contribution		00 May Be
Zip	Country	Zip Cou		intry	8. This corporation owes or has paid the current year inlangible		iniangible	
24	25	29	30			Personal Property Tax due June 30.	Yes	X No
·	9, Name and Address of Curren	t Registered Agent				10. Name and Address of New Registere	d Agent	
	GLER, JAMES			81	Name			j
	2 SOUTHWE ST 152ND STREET			82 Street Address (P.O. Box Number is Not Acceptable)				
MIA	MI FL 33176			83				
				84	City	F	85 Z	ip Code
11. Pursuant l	o the provisions of Sections 607.0502	2 and 607.1508, Florida Sta	tutes, the al	L_L bove-	named corp	oration submits this statement for the purpose	of changing	g its registered
office or registered agent, or troth, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. Lam femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	The control of the co	mento in coontra our socos,	1 lonelli olia	manua.				
aldivitori.	Signature, typod or printed name of registered ago		OIE Registere	d Agen	niuper emilengia !	ed when reinstaling) DATE		
10.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A		
1III.L	P\$D	DELETE	1,1 11				L. Chang	je 🗀 Addition
NAME	RIEGLER, FILOMENA 9002 SOUTHWEST 152ND ST	TOCCT	1.2 N					İ
STORET ADDRESS	MIAMI FL 33176	INECI		1.3 STREET AUDRESS				
CHY-SI-ZIP TITLE	DELETE			1.4 CHY-ST-ZiP 2.1 TifLE			Chang	18 Addition
NAME		bush page 11	2.2 NAME					
STREET AUDRESS					NODRESS			İ
CHY-ST-ZIP		L'		2. 4 CHY-SI-ZIP				
TIFLE		DELETE	3111				Chang	ge Addition
NAME	•		32 N	AMÉ				
SHIEEL ADDRESS			335	IREET A	ADDRESS			İ
CHY-SI-ZIP			3.4. 0	HY-SI	1-211			
THILF		☐ DELETE	4.1 11	IILE			L_J Chang	ge [] Addition
NAME				YAME		200 002553 1 -06/09/98010770	92	ļ
SUBFET ADDRESS			4.3 S	TREET	ADDRESS	-06/09/98010770	17	:
CHY-ST-ZIP		Delete		IIY - ST	· ZIP	***150,00	Chang	pe Addition
TIFIE		☐ DELETE	5,1 1				L CHOIL	te (Notinon
NAME			52N					
SIRFET ADDRESS					AUDRESS			
CITY-SI-ZIP TITLE		DELETE	5.4 C 6.1 T	11Y-\$1	· ZiP		Chang	ge Addition
NAME		- veetile	62 N					.47\.
STREET ADDRESS			1		ADDRESS			1,1914
CHY-ST-ZIP)11Y-ST				1 ~ (
14 Ubereby (certily that the information supplied w	ith this filing does not qualit	v for the ex	empl	ion stated in	Section 119.07(3)(i), Florida Statutes. I furthe	r 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 it 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. () Finantial								