

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

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

04-22-1999 90208 049 ***150.00

DOCUMENT # P98000026475

1. Corporation Name

COMPREHENSIVE THERAPY INC.

Principal Place of Business

1600 SARNO RD. STE. 119B
MELBOURNE FL 32935

Mailing Address

216 SEAVIEW STREET
MELBOURNE FL 32951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1998

4. FEI Number

59-350-4648

EIN
NO.

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

21 1600 Sarno Road.

Suite, Apt. #, etc.

22 119 B, Melbourne FL

City & State

23 32935 USA

Zip

Country

2a. Mailing Address

26 216 seaview st

Suite, Apt. #, etc.

27 Melbourne Bch FL

City & State

28 32951 USA

Zip

Country

9. Name and Address of Current Registered Agent

GAGLANI, VANITA
216 SEAVIEW STREET
MELBOURNE FL 32951

10. Name and Address of New Registered Agent

81 Name

N/A

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

83

84 City

FL

85 Zip Code

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

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 ☒ PRESIDENT ☐ DELETE

NAME VANITA GAGLANI

STREET ADDRESS 216 seaview street

CITY-ST-ZIP Melbourne Bch FL 32951

TITLE ☒ VICE PRESIDENT ☐ DELETE

NAME MYKESH GAGLANI

STREET ADDRESS 216 seaview street

CITY-ST-ZIP Melbourne Beach FL 32951

TITLE ☐ DIRECTOR ☐ DELETE

NAME ANUSKA GAGLANI

STREET ADDRESS 216 seaview street

CITY-ST-ZIP Melbourne Beach FL 32951

TITLE ☐ DIRECTOR ☐ DELETE

NAME SHIV GAGLANI

STREET ADDRESS 216 seaview street

CITY-ST-ZIP Melbourne Bch FL 32951

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)