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

May 12, 1999 8:00 am Secretary of State

05-12-1999 90005 024 ***150.00

DOCUMENT # P 98 00 60 57 40 60	<u>'</u>

RAYAN THERAPEUTIC SERVICES, INC.

Principal Place of Business

Mailing Address

5322 NORWOOD AVE,

12563 REGINALD DR.

JACKSONVILLE, FC

JACKSONVICCE, FL

	DO N	OT W	RITE	IN	THIS	SPA	CE
--	------	------	------	----	------	-----	----

3. Date Incorporated or Qualifed

	32207	3	2270	JUNE 6, 1998	
2. Principal P		Mailing Address		4. FEI Number	Applied For
21 532	2 NORWOOD Are, 26	12563 R€	GZNACO PA	59-352-0039	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27				Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
		JACKSONV		Trust Fund Contribution	Added to Fees
Zip	11/3-21	Zip	Country	8. This corporation owes the current y	
24 3220		 	0 A Z W	Personal Property Tax. 10. Name and Address of New Regis	
	9. Name and Address of Current Regist	ered Agent	81 Name		tered Agent
				IMRK KAYAN	
				ress (P.O. Box Number is Not Acceptable)	
			83	1563 REGINALD DR.	
1			[63]		
I			84 City		FL 85 Zip Code 12246
		7 4500 51-11-01-1	د ا ا	ACK SONVILLE	
office or n	to the provisions of Sections 607.0502 and 60 egistered agent, or both, in the State of Florida	a. Such change was aut	horized by the corporati	ion's board of directors. I hereby accept the	appointment as registered
agent. I a	m familiar with and accept the colligations of	Section 607.0505, Florid	la Statutes.		
SIGNATURE/	mediuse haved at printed comit of registered and and title it	MOTE: B	egistered Agent signature require		0.99
12.	Signature, typed or protect some of registered each and title of OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE		☐ DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	PRESIDENT	_	1.2 NAME	_ PLEASE ADD	
STREET ADDRESS	MARK RAYAN 12563 REGINACE DR.	<u> </u>	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVICCE, FL 32	246	1.4 CITY-ST-ZIP		Ì
TITLE	O NER SOPT PAGE 1 1 G	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME :			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		_	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	ı		4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 C/TY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	 -		63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	0	has a stift that the information

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:

MARK W. RAYAN, PRES. 4.30.99 (904) 292-3572