

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

**FILED**  
**May 12, 1999 8:00 am**  
**Secretary of State**

05-12-1999 90005 024 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000057466**

1. Corporation Name

**RAYAN THERAPEUTIC SERVICES, INC.**

Principal Place of Business

**5322 NORWOOD AVE.  
JACKSONVILLE, FL  
32207**

Mailing Address

**12563 REGINALD DR.  
JACKSONVILLE, FL  
32246**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**JUNE 6, 1998**

2. Principal Place of Business

**21 5322 NORWOOD AVE.**

2a. Mailing Address

**26 12563 REGINALD DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 JACKSONVILLE, FL**

City & State

**28 JACKSONVILLE, FL**

Zip

**24 32207**

Country

**USA**

Zip

**29 32246**

Country

**30 USA**

4. FEI Number

**59-352-0039**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

**MARK RAYAN**

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

**12563 REGINALD DR.**

83

84 City

**JACKSONVILLE**

**FL**

85 Zip Code

**32246**

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)*

(NOTE: Registered Agent signature required when reinstating)

**4-30-99**

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PRESIDENT  
MARK RAYAN  
12563 REGINALD DR.  
JACKSONVILLE, FL 32246**

1.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**PLEASE ADD**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

SIGNATURE: *(Signature)* **MARK W. RAYAN, PRES.**

Date

Daytime Phone #

CR2E034 (11/98)