FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]5.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S61866** **(7)**

1. Corporation Name

COMPRESSION THERAPY, INC.

Principal Place of Business	Mailing Address
856 HAMMOCKS DR OCOEE FL 34761	856 HAMMOCKS DR OCOEE FL 34761

2. Principal Place of Business	2a. Mailing Address
21	26
22 Street Address	27 Street Address
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: **06/20/1991**
3a. Date of Last Report: **01/26/1995**
4. FEI Number: **59-3073033** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WRIGHT, LYNN WALKER
~~886 S. DILLARD ST.~~
~~WINTER GARDEN FL 34787~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2716 REW CIRCLE
83 SUITE 102
84 City: OCOEE FL 85 Zip Code: 34761

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 [illegible] Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 Title	PT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
1 Name	GLEASON, JAMES P.		1.2 NAME	
1 Street Address	856 HAMMOCKS DR		1.3 STREET ADDRESS	
1 City-St-Zip	OCOEE FL		1.4 CITY-ST-ZIP	
2 Title	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
2 Name	GLEASON, CHERYL A.		2.2 NAME	
2 Street Address	856 HAMMOCKS DRIVE		2.3 STREET ADDRESS	
2 City-St-Zip	OCOEE FL		2.4 CITY-ST-ZIP	
3 Title		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
3 Name			3.2 NAME	
3 Street Address			3.3 STREET ADDRESS	
3 City-St-Zip			3.4 CITY-ST-ZIP	
4 Title		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
4 Name			4.2 NAME	
4 Street Address			4.3 STREET ADDRESS	
4 City-St-Zip			4.4 CITY-ST-ZIP	
5 Title		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
5 Name			5.2 NAME	
5 Street Address			5.3 STREET ADDRESS	
5 City-St-Zip			5.4 CITY-ST-ZIP	
6 Title		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
6 Name			6.2 NAME	
6 Street Address			6.3 STREET ADDRESS	
6 City-St-Zip			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I DO hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: James P Gleason James P GLEASON 1-16-96 407-291-4960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #