

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V15152**

(4)

1. Corporation Name

ACTION THERAPY CLINICS INC.

Principal Place of Business

**910 N.E. 2ND ST.
SUITE C
DEERFIELD BEACH FL 33441**

Mailing Address

**910 N.E. 2ND ST.
SUITE C
DEERFIELD BEACH FL 33441**



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ESPOSITO, GREGORY F., JR
8016 WILES RD
SUITE 9
CORAL SPRINGS FL 33067**

81 Name

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 607.0503, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Officer or Director

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D BARATTA, JOSEPH**
STREET ADDRESS **18868 LA COSTA LN.**
CITY-STATE-ZIP **BOCA RATON FL 33496**

TITLE ☐ DELETE

NAME **PT DE OLIVEIRA, ROSANGELA**
STREET ADDRESS **18868 LA COSTA LN.**
CITY-STATE-ZIP **BOCA RATON FL 33496**

TITLE ☐ DELETE

NAME
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CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY-STATE-ZIP

18 TITLE

19 NAME

20 STREET ADDRESS

21 CITY-STATE-ZIP

22 TITLE

23 NAME

24 STREET ADDRESS

25 CITY-STATE-ZIP

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY-STATE-ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY-STATE-ZIP

34 TITLE

35 NAME

36 STREET ADDRESS

37 CITY-STATE-ZIP

38 TITLE

39 NAME

40 STREET ADDRESS

41 CITY-STATE-ZIP

42 TITLE

43 NAME

44 STREET ADDRESS

45 CITY-STATE-ZIP

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)(k), 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. I am an officer or director of the corporation or the relative or trusted employee of the corporation. This report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an addition with an address.

SIGNATURE:

Baratta, Joseph D. PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 (954) 4261450

CR2E034 (12/95)