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

DOCUMENT # **P98000014739**1. Corporation Name

FUNCTIONAL INTEGRATIVE THERAPEUTICS & TECHNOLOGY , INC.

Mailing Address

Principal Place		Mailing Address												
3127 ANSLEY PARK DRIVE TALLAHASSEE FL 32308					3127 ANSLEY PARK DRIVE TALLAHASSEE FL 32308									
												DO NOT WRITE IN THIS SPACE		
						•					ł	3.	3. Date Incorporated or Qualifed	
													02/13/1998	- 1
2. Principal Pl	77	2a. Mailing Address						i	4.	1 FEI Number Applied Fo	r			
24					26								85-0375723 Not Applied	ıble
Suite, Apt.		Suite, Apt. #, etc.				_		E	\$8.75 Additions	. 1				
22	- 2	27					<u></u> .	<u>.</u>	_: <u>.</u>	Fee Required				
City & State		City & State							6.	5. Election Campaign Financing \$5.00 May Be				
23 -	2	28								Trust Fund Contribution Added to Fees				
Zip -	Zip - Country					⊢				ountry			8. This corporation owes the current year Intangible Personal Property Tax.	
24		25			29 30							40		
	9. Name	and	Address of Cur	rent Re	gister	ed Agent		9	1	Name		10.	Name and Address of New Registered Agent	
MAT	TESON I	ΔV						ľ	1	Hallic				
MATTESON, JAY 3127 ANSLEY PARK DRIVE									2	Street /	Addres	s (P	(P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32308					•				3					
IALL			2000					ľ	1					
								8	4	City			S Zip Code	
			* * * * * * * * * * * * * * * * * * * *	2500	1007	4500 Floris	d- Ctatutas	the abo		namad	COFFOOT	ation	on submits this statement for the purpose of changing its registered	ed
office or r	anistered ar	rent c	of Sections 607.0 or both, in the Stand accept the obl	ate of Fil	orida.	Such chance	je was autr	nonzea c	VΊ	he corpo	oration	's bo	board of directors. I hereby accept the appointment as registered	
SIGNATURE														l
	Signature, type	or print	ted name of registered				(NOTE: Re	egistered Ag	jent	signature re	equired w		n reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
12.	~~~	15	OFFICERS				IFTE	1.1 TITLE	_		Ι		Change Ad	
TITLE	PRES		57550N	•	121			1.2 NAM					_ , _	
TITLE PRESIDENT TAY MATTESON STREET ADDRESS CITY-ST-ZIP TITLE TALLAHAS SEE, F.						2 DR				ADDDCĈO	ļ)
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MALIE								6.2 NAM	E					

CITY-ST-ZIP 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 op an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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

04-22-1999 90003 005 ***150.00