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Apr 22, 1999 8:00 am
Secretary of State

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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.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3127 ANSLEY PARK DRIVE, TALLAHASSEE FL 32308
 Mailing Address: 3127 ANSLEY PARK DRIVE, TALLAHASSEE FL 32308

3. Date Incorporated or Qualified
02/13/1998

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-30) fields.

4. FEI Number: **85-0375723**
 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
MATTESON, JAY
3127 ANSLEY PARK DRIVE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent (81-84) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	1.2 NAME	
STREET ADDRESS	JAY MATTESON	1.3 STREET ADDRESS	
CITY-ST-ZIP	3127 ANSLEY PARK DR	1.4 CITY-ST-ZIP	
	TALLAHASSEE, FLA. 32308		

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: Jay Matteson Date: 1/31/99 Daytime Phone #: 850.906.9310

CR2E034 (11/98)