


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000058447</b> 1. Entity Name THERA-HEALTH REHAB CONSULTING/MARKETING INC.	
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Principal Place of Business 10118 SW 107 AVE MIAMI FL 33176	Mailing Address 13732 SW 103 TERRACE MIAMI FL 33186
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent  ZIMMETT, BLAIR I ESQ. 9200 SOUTH DADELAND BOULEVARD SUITE 308 MIAMI FL 33156	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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4. FEI Number 65-1115107	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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FL	Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004. Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE: P NAME: MUJICA, GLORIA S STREET ADDRESS: 13732 SW 103 TERRACW CITY-ST-ZIP: MIAMI FL 33156	TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Add STREET ADDRESS: U00000014181 CITY-ST-ZIP: 01/27/04-80007-025 150.00
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TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Add STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Add STREET ADDRESS: CITY-ST-ZIP:
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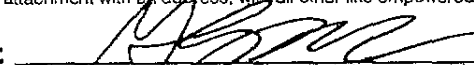
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 01/27/04 DAYTIME PHONE: 305-510-522 / 305-598-109

