

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000092381

FILED  
Jul 21, 2004  
Secretary of State

Entity Name: THERAPY CENTER OF MIAMI, INC.

**Current Principal Place of Business:**

1730 NW 7TH STREET  
STE 1  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

1730 NW 7TH STREET  
STE 1  
MIAMI, FL 33125

**New Mailing Address:**

FEI Number: 37-1473378      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANTISTEBAN, PEDRO J  
1730 N.W. 7TH STREET  
SUITE 1  
MIAMI, FL 33125 US

**Name and Address of New Registered Agent:**

LASTRA, SILVIA R  
1730 N.W. 7TH STREET  
SUITE 1  
MIAMI, FL 33125 US

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.

SIGNATURE: SILVIA LASTRA      07/21/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SANTISTEBAN, PEDRO J  
Address: 1730 NW 7TH STREET, STE 1  
City-St-Zip: MIAMI, FL 33125

Title: V ( ) Delete  
Name: FUERTES, MARIO J  
Address: 1730 NW 7TH STREET, STE 1  
City-St-Zip: MIAMI, FL 33125

Title: S ( ) Delete  
Name: QUESADA, ALICIA  
Address: 1730 N.W. 7TH ST., STE. 1  
City-St-Zip: MIAMI, FL 33125

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO SANTISTEBAN      P      07/21/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date