

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90434 041 ***150.00

DOCUMENT # **P98000062324**

1. Entity Name
A UNIQUE THERPAY CENTER, P.A.



Principal Place of Business
**7300 W CAMINO REAL SUITE 111
BOCA RATON FL 33433**

Mailing Address
**7300 W CAMINO REAL SUITE 111
BOCA RATON FL 33433**

2. Principal Place of Business

7300 W Camino Real

Suite, Apt. #, etc.
Suite 114

City & State
Boca Raton

Zip
33433

Country

3. Mailing Address

7300 W Camino Real

Suite, Apt. #, etc.
Suite 114

City & State
Boca Raton

Zip
33433

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0846546**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LATZ, MARTHA PHD
7300 W CAMINO REAL SUITE 111
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name
Latz, Martha Ph.D
Street Address (P.O. Box Number is Not Acceptable)
7300 W Camino Real 114
Boca Raton
City
FL Zip Code

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 *[Signature]*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	LATZ, MARTHA PHD	7300 W CAMINO REAL SUITE 111	BOCA RATON FL 33433	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Latz, Martha Ph.D.	7300 W. Camino Real Suite 114	Boca Raton, FL 33433	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03
Date

561-865-1966
Daytime Phone #

0405207 AV

CR2E034 (10/02)