

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90006 012 \*\*\*400.00  
 06-20-2000 90014 032 \*\*\*150.00

**DOCUMENT # P99000085476**

1. Entity Name

**PEDITHERAPY, INC.**

Principal Place of Business

4155 N.W. 64TH AVE.  
 CORAL SPRINGS FL 33067

Mailing Address

4155 N.W. 64TH AVE.  
 CORAL SPRINGS FL 33067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

105-0950894

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GODIN, M. CRISTINA**  
**4155 N.W. 64TH AVE.**  
**CORAL SPRINGS FL 33067**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Mln. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
**P**  
 NAME **GODIN, M. CRISTINA**  
 STREET ADDRESS **4155 N.W. 64TH AVE.**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP Robert Godin**  
 STREET ADDRESS **4155 NW 64 Ave**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **SIGNATURE REQUIRED** Godin President

8/16/00

(954) 536-3466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (5/00)