

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90062 040 \*\*\*150.00

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AV

**DOCUMENT # G30991**

1. Entity Name

**HYDROTONICS THERAPY CORPORATION**



Principal Place of Business

**7521 NW 72 AVE  
MIAMI FL 33166**

Mailing Address

**7521 NW 72 AVE  
MIAMI FL 33166**

*c/o  
McGrath Pools,  
Inc.*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-2279319**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MALAND, ROBERT C., ESQ.**

**#2 DATRAN CENTER #1209**

**9130 S. DADELAND BLVD**

**MIAMI FL 33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MCGRATH, ANN D 7521 NW 72 AVE MIAMI FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BOWER, BRIAN V. 7521 NW 72 AVE MIAMI FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WILKERSON, JAMES E. 7521 NW 72 AVE MIAMI FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEEDS, EILEEN M. 7521 NW 72 AVE MIAMI FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, ROBIN 7521 NW 72 AVE MIAMI FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 employees.

SIGNATURE:

*ANN D. MCGRATH*  
**ANN D. MCGRATH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sec/Treas*

**9-5-03**

**305-885-5693**

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80146250

G30991

Florida Department of State  
Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: 2003-UBR

Hydrotonics Therapy Corp.  
FEI #59-2279319

September 5, 2003

To: The Secretary:

We did not receive the FIRST notice to file the 2003 Uniform Business Report ! For some reason, the enclosed notice was received just recently.

The only explanation I can imagine for these events is that no longer is there any indication that HTC is located at the address on the form. (i.e. the signage was removed from the building.) For some reason, the mail carrier "found" the latest report and delivered it to us.

Hydrotonics has not conducted any business since February 29, 1999. We have no employees, bank accounts have been closed and it is not expected to conduct business in the near future. However, we do elect to continue to file a yearly Uniform Business Report in order to keep the Corporate name in the event any of the principals of this entity decide to activate business at a later date.

I have enclosed a personal check for the \$150.00 filing fee for 2003, and we ask that the \$400.00 late fee be waived because we DID NOT receive the first notice.

Sincerely,

Ann D. McGrath

Ann D. McGrath  
Secretary/ Treasurer