

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

**FILED
Jun 16, 2003 8:00 am
Secretary of State**

06-16-2003 90149 008 ***150.00

DOCUMENT # *K26518*
1. Entity Name *ABC CHILD PRACTICE
THERAPEUTIC WELLNESS, INC*

(L)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3491 WOODBRIGAT Rd

3. Mailing Address
6542 Newport CK CIR

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
Box 3

Suite, Apt. #, etc.

City & State
BOYNTON BEACH, FL

City & State
BOCA RATON FL

4. FEI Number
65-0854 809

Applied For
Not Applicable

Zip
33436

Country
USA

Zip
33496

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *RANDIE A. HOFFMAN*
Street Address (P.O. Box Number is Not Acceptable)
6542 NEWPORT CK CIR
City *BOCA RATON* FL Zip Code *33496*

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 reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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	<i>CHILD PRACTICE JEFFREY S. HOFFMAN D.C.P.A. 6542 NEWPORT LAKE CIR BOCA RATON, FL 33496</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURER RANDIE H. HOFFMAN 6542 NEWPORT LAKE CIR BOCA RATON FL 33496</i>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowerment.

SIGNATURE: *Randie Hoffman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/03
Date

561 271-4187
Daytime Phone #

CR2E034B (12/02)