

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # M54530

1. Entity Name
CENTER FOR PEDIATRIC THERAPY, INC.



Principal Place of Business
**2801 PONCE DE LEON BLVD
SUITE 250
CORAL GABLES, FL 33134 US**

Mailing Address
**2801 PONCE DE LEON BLVD
SUITE 250
CORAL GABLES, FL 33134 US**



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2830735	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLETCHER, PAUL G.
1500 SO. DIXIE HWY., SUITE 200
CORAL GABLES, FL 33146**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

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	D GOLD, LOIS 10121 SW 57TH CT. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, ADRIENNE 3803 IRVINGTON AVE. COCONUT GROVE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/18/05-80064-020 150.00

**DO NOT WRITE
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/05 305-448-7101
Date Daytime Phone #