

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002381

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** THERAPY DYNAMIC INTERVENTIONS, INC.

**Current Principal Place of Business:**

455 DOUGLAS AVENUE  
SUITE 2155-15  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

1055 MAITLAND CENTER COMMONS  
202  
MAITLAND, FL 32751

**Current Mailing Address:**

455 DOUGLAS AVENUE  
SUITE 2155-15  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

1055 MAITLAND CENTER COMMONS  
202  
MAITLAND, FL 32751

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCALLA-WATSON, RENEE  
1240 E. CLEVELAND AVENUE  
APOPKA, FL 32703    US

**Name and Address of New Registered Agent:**

MCCALLA-WATSON, RENEE  
749 BOARDMAN STREET  
ORLANDO, FL 32804    US

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: RENEE MCCALLA-WATSON

04/30/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title:                      D                      ( ) Delete  
Name:                      MCCALLA-WATSON, RENEE  
Address:                      1240 E. CLEVELAND AVENUE  
City-St-Zip:                      APOPKA, FL 32703

Title:                      D                      ( ) Delete  
Name:                      ADAMS, MONICA  
Address:                      575 LITTLE RIVER LOOP, APT. 358  
City-St-Zip:                      ALTAMONTE SPRINGS, FL 32714

Title:                      D                      (X) Delete  
Name:                      HARPER, MICHAEL  
Address:                      455 DOUGLAS AVENUE, SUITE 2155-15  
City-St-Zip:                      ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      D                      (X) Change ( ) Addition  
Name:                      MCCALLA-WATSON, RENEE  
Address:                      749 BOARDMAN STREET  
City-St-Zip:                      ORLANDO, FL 32804

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENEE MCCALLA-WATSON

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date