


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000059178 1. Entity Name MIAMI HEALTH CARE THERAPY CENTER INC.	
--	---

Principal Place of Business 2955 SW 8TH STREET STE 202 MIAMI FL 33135	Mailing Address 2955 SW 8TH STREET STE 202 MIAMI FL 33135
---	---



MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-1017505	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FUENTES, TEOBALDO 13245 SW 253 TERRACE MIAMI FL 33032	7. Name and Address of New Registered Agent 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD FUENTES, TEOBALDO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13245 SW 253 TERRACE	NAME	U000000044321
STREET ADDRESS	MIAMI FL 33032	STREET ADDRESS	02/11/04-80016-024 150.00
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	SVD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUENTES, JINA	NAME	
STREET ADDRESS	13245 SW 253 TERRACE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33032	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date _____ Daytime Phone # _____