

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059178

FILED
Mar 01, 2005
Secretary of State

Entity Name: MIAMI HEALTH CARE THERAPY CENTER INC.

Current Principal Place of Business:

2955 SW 8TH STREET
STE 202
MIAMI, FL 33135

New Principal Place of Business:

2955 SW 8TH STREET
STE 103
MIAMI, FL 33135

Current Mailing Address:

2955 SW 8TH STREET
STE 202
MIAMI, FL 33135

New Mailing Address:

2955 SW 8TH STREET
STE 103
MIAMI, FL 33135

FEI Number: 65-1017505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUENTES, TEOBALDO
13245 SW 253 TERRACE
MIAMI, FL 33032 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: FUENTES, TEOBALDO
Address: 13245 SW 253 TERRACE
City-St-Zip: MIAMI, FL 33032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TEOBALDO FUENTES

P

03/01/2005

Electronic Signature of Signing Officer or Director

_____ Date