

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90177 028 ***150.00

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1. Entity Name
PROFESSIONAL THERAPEUTIC CARE, INC.

Principal Place of Business
**134 S CYPRESS RD. #412
POMPANO BEACH FL 33060**

Mailing Address
**134 S CYPRESS RD. #412
POMPANO BEACH FL 33060**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1029954**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRATHEN, MICHAEL
134 S CYPRESS RD., #412
POMPANO FL 33060**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D	TRATHEN, MICHAEL G	134 S CYPRESS RD, #412	POMPANO BEACH FL 33060				
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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

4/28/03 (945) 785-3772
Date Daytime Phone #

CR2E034 (10/02)