

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000078415

1. Entity Name
MIND AND BODY THERAPEUTIC SERVICES OF FLORIDA, INC.



Principal Place of Business 200 NORTHEAST 212 STREET NORTH MIAMI BEACH, FL 33179	Mailing Address 200 NORTHEAST 212 STREET NORTH MIAMI BEACH, FL 33179
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1044714	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TORRES, MANUEL
 200 NORTHEAST 212 STREET
 NORTH MIAMI BEACH, FL 33179

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	P TORRES, MANUEL 200 NORTHEAST 212 STREET NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TORRES, ANDREA 200 NE 212 ST NORTH MIAMI BEACH, FL 33179
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 01/26/04-80039-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: Andrea Torres **201/23/04** **305 652-7765**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #