

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90409 037 ***158.75

DOCUMENT # P00000085447

1. Entity Name
COMPLETE THERAPY SERVICES, INC.

Principal Place of Business
PO BOX 143374
CORAL GABLES, FL 33114-3374

Mailing Address
PO BOX 143374
CORAL GABLES, FL 33114-3374

2. Principal Place of Business
3930 RIVIERA DR.
Suite, Apt. #, etc.

3. Mailing Address
3930 RIVIERA DR
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Coral Gables, Fla
Zip
33134
Country
Dele

City & State
Coral Gables, Fla
Zip
33134
Country
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4. FEI Number
65-1043222
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
NAVARRETE, STEPHEN A
970 NE 130 ST.
MIAMI, FL 33141

7. Name and Address of New Registered Agent
Name
Cristian A. Bustamante
Street Address (P.O. Box Number is Not Acceptable)
3930 RIVIERA DR.
City
Coral Gables FL Zip Code
33134

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 *[Signature]* **4/29/03**
(NOTE: Please attach Agent's signature and date when registering.)

1. Filing Fee: \$100.00
2. 2003 Fee: \$100.00
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