2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000096957

1. Entity Name
HYDROTHERAPY SYSTEMS INC.

Principal Place of Business
1360 S. OCEAN BLVD. #701
POMPANO BEACH, FL 33062

Mailing Address
1360 S. OCEAN BLVD. #701
POMPANO BEACH, FL 33062

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3685742
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUNN, JANET F
1360 S. OCEAN BLVD. #701
POMPANO BEACH, FL 33062

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUNN, JANET F
STREET ADDRESS	1360 S. OCEAN BLVD. #701
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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01/10/05-80047-016 150.00

DO NOT WRITE IN THIS SPACE

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: Janet Dunn JANET DUNN 1.4.05 954.785.4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #