

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

172

DOCUMENT # P00000112756
1. Entity Name
MED ONE THERAPY CENTER, INC.



FILED
03 JUN -4 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business
5520 BUCHANAN ST.
Suite, Apt. #, etc.

3. Mailing Address
5520 BUCHANAN ST.
Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

Zip
33021

Country
US

4. FEI Number Applied For Not Applicable

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

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7. Name and Address of Current Registered Agent
Name
CELIA CELINDA BULEHA
Street Address (P.O. Box Number is Not Acceptable)
5520 BUCHANAN ST.
City
HOLLYWOOD FL Zip Code
33021

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 *x Celia Buleha* DATE 6/3/03
Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P) CELIA CELINDA BULEHA 5520 BUCHANAN ST. HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8000200826688 06/13/03 - 0000 - 023 **450.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(V) MIGUEL JOSE RIOS 5520 BUCHANAN ST. HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *x Celia Buleha* DATE 6/3/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34B (12/02)

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MED ONE THERAPY CENTER, INC.

TO WHOM IT MAY CONCERN:
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2001 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY

Celia Buleha
CELIA CELINDA BULEHA
PRESIDENT