

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

DOCUMENT # P00000112756

1. Entity Name

MED ONE THERAPY CENTER, INC.



**DO NOT WRITE IN THIS SPACE**

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

Zip

33021

Country

US

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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*

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

6/3/03

DATE

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

(V) MIGUEL JOSE RIOS

5520 BUCHANAN ST.

HOLLYWOOD, FL 33021

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *x Celia Buleha*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/03

Date

Daytime Phone #

CR2ED34B (12/02)

2/2

## 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