

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90036 048 \*\*\*150.00

<b>DOCUMENT # P01000012251</b> 1. Entity Name <b>CARE THERAPY &amp; DIAGNOSTIC, INC.</b>																																							
Principal Place of Business <b>7206 N. ARMENIA</b> <b>TAMPA, FL 33604 US</b>			Mailing Address <b>P.O. BOX 260596</b> <b>TAMPA, FL 33685 US</b>																																				
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1163</b> Suite, Apt. #, etc.																																					
City & State <b>Riverview Florida</b>		City & State <b>Riverview Florida</b>		4. FEI Number <b>65-1038179</b>																																			
Zip <b>33568</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																			
6. Name and Address of Current Registered Agent  <b>DELGADO, DIANA</b> <b>7206 N. ARMENIA</b> <b>TAMPA, FL 33604</b>				7. Name and Address of New Registered Agent Name <b>Diana Delgado</b> Street Address (P.O. Box Number is Not Acceptable) <b>8425 Valrie Lane</b> City <b>Riverview</b> <b>FL</b> Zip Code <b>33569</b>																																			
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 <u><i>Diana Delgado</i></u> DATE <u>1/15/05</u> <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>D</b>  <b>DELGADO, DIANA</b>  <b>7206 N. ARMENIA AVE.</b>  <b>TAMPA, FL 33615</b> </td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DELGADO, DIANA</b> <b>7206 N. ARMENIA AVE.</b> <b>TAMPA, FL 33615</b>		<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>President</b>  <b>Diana Delgado</b>  <b>8425 Valrie Lane</b>  <b>Riverview FL 33569</b> </td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Diana Delgado</b> <b>8425 Valrie Lane</b> <b>Riverview FL 33569</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																																							
SIGNATURE: <u><i>Diana Delgado</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/15/05</u> Daytime Phone # <u>813 671-1687</u>																																				