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FILED
Jun 23, 2002 8:00 am
Secretary of State

05-16-2002 90054 006 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000014417

1. Entity Name

THERAPY PLUS SERVICES, INC.

Principal Place of Business: 6484 Indian CREEK Dr #112 Miami, Beach Fl 33141

Mailing Address: 6484 Indian Creek ... Miami Beach Fl 33141 [redacted]

2. Principal Place of Business: 6820 Indian CREEK DR #102
Suite, Apt. #, etc.
City & State: Miami Beach, Fl
Zip: 33141 Country

3. Mailing Address: 6820 Indian Creek Dr. #102
Suite, Apt. #, etc.
City & State: Miami Beach, Fl.
Zip: 33141 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1075355 ☐ Applied For ☐ Not Applicab

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

6. Name and Address of Current Registered Agent

MOJICA, GIOVANNA.
6484 Indian Creek Dr #112
Miami Beach Fl 33141

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 6820 INDIAN Creek Dr #102
City: Miami Beach FL Zip Code: 33141

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.

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOJICA GIOVANNA 6484 Indian Creek Dr. #112 Miami Beach Fl 33141 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6820 INDIAN Creek Dr #102 Miami Beach Fl 33141 ☒ Change ☐ Additi
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13. 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 informatio 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 directc 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Giovanna [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 Date (305)226-3443 Daytime Phone #