

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90152 003 ***150.00

DOCUMENT # P01000014417

1. Entity Name
THERAPY PLUS SERVICES, INC.



Principal Place of Business
6820 INDIAN CREEK DR., #1021
MIAMI BEACH, FL 33141

Mailing Address
6820 INDIAN CREEK DR., #1021
MIAMI BEACH, FL 33141

14019933



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

04262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1075355

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOJICA, GIOVANNA
6820 INDIAN CREEK DR., #1021
MIAMI BEACH, FL 33141

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MOJICA, GIOVANNA
STREET ADDRESS 6820 INDIAN CREEK DR., #1021
CITY- ST- ZIP MIAMI, FL 33141

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change

☐ Addition

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:

Giovanna Mojica
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 (305) 226-3943
Date Daytime Phone #