2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91427 027 ***150.00

DOCUMENT # P01000014417

1. Entity Name
THERAPY plus SERVICES, INC

Principal Place of Business	Mailing Address
6820 INDIAN CREEK DR #1021 Miami Beach Fl 33141	6820 INDIAN Creek Dr. 1021 Miami Beach Fl 33141

2. Principal Place of Business	3. Mailing Address 7105 SW 8 ST
Suite, Apt. #, etc. 102	Suite, Apt. #, etc. 309
City & State	City & State MIAMI Fl
Zip / Country	Zip 33144 / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1075355 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOJICA GIOVANNA
6820 INDIAN CREEK DR #1021
Miami Beach Fl 33141

7. Name and Address of New Registered Agent

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, 2003 Fee will be $550.00) 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

Field	Officer	
TITLE / NAME	MOJICA GIOVANNA	☐ Delete
STREET ADDRESS	6820 INDIAN CREEK DR #1021	
CITY-ST-ZIP	Miami Beach Fl 33141	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Field	Officer	
TITLE / NAME		☐ Change ☐ Addition
STREET ADDRESS	6820 INDIAN CREEK DR #102	
CITY-ST-ZIP	Miami Beach Fl 33141	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: [signature] Giovanna Mojica 4/30/03 (305) 226-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #