

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000041051

1. Entity Name
KARE THERAPY CENTER, INC.

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90110 047 ***550.00

Principal Place of Business
10111 SW 33RD ST
MIAMI FL 33165

Mailing Address
10111 SW 33RD ST
MIAMI FL 33165

2. Principal Place of Business
2141 S.W. 1st St.

3. Mailing Address
2141 S.W. 1st St.

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

Miami, FL

City & State

Miami, FL

Zip

33135

Zip

33135

Country

Dade

Country

Dade

4. FEI Number

65-1094874

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERA AVENUE
CORAL GABLES FL 33134

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PSTD
NAME SOSA, CARLOS
STREET ADDRESS 10111 SW 33RD ST
CITY-ST-ZIP MIAMI FL 33165

Delete

TITLE PSTD
NAME SOSA, CARLOS
STREET ADDRESS 2141 SW 1st ST. #205
CITY-ST-ZIP MIAMI, FL 33135

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change

Change

Addition

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/02 305 649-9110
Date Daytime Phone #

CR2E034 (4/02)