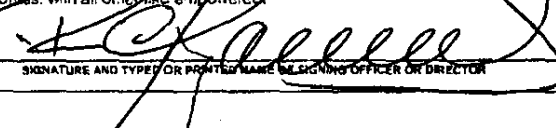


FILED
May 01, 2003 8:00 am
Secretary of State

04-15-2003 90112 023 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>P01000056574</u>			
1. Entity Name <u>R.C. Therapy Group, Inc.</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>4445 W. 16 Ave.</u>		3. Mailing Address <u>4445 W. 16 Ave.</u>	
Suite, Apt. #, etc. <u>602</u>		Suite, Apt. #, etc. <u>602</u>	
City & State <u>Hialeah, Fla</u>		City & State <u>Hialeah, Fla</u>	
Zip <u>33012</u>	Country <u>U.S.A</u>	Zip <u>33012</u>	Country <u>U.S.A</u>
FBI Number <u>65-110519</u>		Applied For ☐ No: Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name <u>Rosa M. Clavel</u>			
Street Address (P.O. Box Number is No. variable) <u>4445 W. 16 Ave.</u>			
City <u>Hialeah</u>		FL	Zip Code <u>33012</u>
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 		DATE <u>04/11/03</u>	
January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing True: Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Rosa M. Clavel</u> <u>4445 W. 16 Ave.</u> <u>Hialeah Fla - 33012</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE			
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 on an attachment with an address, with all other fee empowered.			
SIGNATURE: 		Date Day/Mo/Yr	

CR2E034B (12/02)