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 # P01000056574

1. Entity Name

R.C. Therapy Group, Inc.

DO NOT WRITE IN THIS SPACE

55034182

2. Principal Place of Business	3. Mailing Address
4445 W. 16 Ave.	4445 W. 16 Ave.
Suite, Apt. #, etc. 602	Suite, Apt. #, etc. 602
City & State Hialeah, Fla	City & State Hialeah, Fla
Zip 33012 Country U.S.A	Zip 33012 Country U.S.A

DO NOT WRITE IN THIS SPACE

FEI Number 65-1110519 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Rosa M. Clavell

Street Address (P.O. Box Number is Not Acceptable): 4445 W. 16 Ave.

City: Hialeah FL Zip Code: 33012

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] DATE: 04/11/03

Fee: 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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/S/VP/T/D
NAME	Rosa M. Clavell
STREET ADDRESS	4445 W. 16 Ave.
CITY-ST-ZIP	Hialeah Fla - 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #