

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90134 016 ***150.00

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1. Entity Name
NAPLES THERAPY, INC.



Principal Place of Business
**2929 EAST COMMERCIAL BLVD. #507
FORT LAUDERDALE FL 33308**

Mailing Address
**P.O. BOX 5208
FORT LAUDERDALE FL 33310**



2. Principal Place of Business
875 Retreat Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples, Florida

4. FEI Number **65-1131957**

Applied For

Not Applicable

Zip
34110

Country
Collier

Zip

Country

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

6. Name and Address of Current Registered Agent

**SAMUELS, LEONARD K ESQ
350 E LAS OLAS BLVD
STE 1000
FORT LAUDERDALE FL 33301**

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

TITLE **DP** ☐ Delete
NAME **GUTHRIE, WILLIAM**
STREET ADDRESS **2929 EAST COMMERCIAL BLVD. #507**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **VST** ☒ Delete
NAME **GREEN, MATTHEW**
STREET ADDRESS **2929 E COMMERCIAL BLVD # 507**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **William Guthrie**
STREET ADDRESS **1501 NW 49 Street, #200**
CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

TITLE **S** ☐ Change ☒ Addition
NAME **Cathy J. Lerman**
STREET ADDRESS **1501 NW 49 Street, #200**
CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

TITLE **D** ☐ Change ☒ Addition
NAME **Ralph Rosenberg**
STREET ADDRESS **1501 NW 49 Street, #200**
CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

William Guthrie

4/2/03

954-938-3770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)