

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90368 033 ***150.00

DOCUMENT # P01000075241

1. Entity Name
SAN ANTONIO THERAPY, INC.

Principal Place of Business
 2929 EAST COMMERCIAL BLVD. #3502
 FORT LAUDERDALE FL 33308

Mailing Address
 2929 EAST COMMERCIAL BLVD. #3502
 FORT LAUDERDALE FL 33308

80090368



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		P. O. Box 5208		65-1131638		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Fort Lauderdale, Florida		Fort Lauderdale, Florida		<input type="checkbox"/>			
Zip	Country	Zip	Country				
33310		33310	Broward				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY				Name			
1201 HAYS STREET				Leonard K. Samuels, Esq.			
TALLAHASSEE FL 32301-2525				Street Address (P.O. Box Number is Not Acceptable)			
				350 E Las Olas Blvd.			
				Suite 1000			
				City		FL	Zip Code
				Ft. Lauderdale			33301

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.

SIGNATURE: *[Signature]* DATE: 4/16/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUTHRIE, WILLIAM			NAME	William Guthrie		
STREET ADDRESS	2929 EAST COMMERCIAL BLVD. #3502			STREET ADDRESS	2929 E Commercial Blvd., #507		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308			CITY-ST-ZIP	Ft. Lauderdale, FL 33308		
TITLE		<input type="checkbox"/> Delete		TITLE	VST	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Matthew Green		
STREET ADDRESS				STREET ADDRESS	2929 E Commercial Blvd, #507		
CITY-ST-ZIP				CITY-ST-ZIP	Ft. Lauderdale, FL 33308		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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]* DATE: 4-19-02 DAYTIME PHONE #: (954) 938-3770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)