

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91178 016 \*\*\*150.00

**DOCUMENT #**  
1. Entity Name  
*Karen's Kids Therapy, Inc.*  
*PO 1000 119042*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*12374 Rockledge Circle*

3. Mailing Address  
*12374 Rockledge Circle*

Suite, Apt. #, etc.

City & State  
*Boca Raton, FL*

City & State  
*Boca Raton, FL*

Zip  
*33428*

Country  
*USA*

Zip  
*33428*

Country  
*USA*

4. FEI Number  
*01-0548062*

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Karen Alterman Reeves*

Street Address (P.O. Box Number is Not Acceptable)  
*12374 Rockledge Circle*

City  
*Boca Raton* **FL** **33428**

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 *Karen Alterman Reeves*

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President Karen Alterman Reeves 12374 Rockledge Circle Boca Raton, Florida 33428</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Michael Reeves 12374 Rockledge Circle Boca Raton, Florida 33428</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Karen Alterman Reeves* **4-30-03** **561 477 0223**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**954 593 4105**

CR2E034B (12/02)