

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

09-09-2003 90026 015 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000013544

1. Entity Name

PROFESSIONAL HEALTH THERAPEUTIC CENTER, INC.



Principal Place of Business

**7437 NW 57TH ST
TAMARAC FL 33321**

Mailing Address

**7437 NW 57TH ST
TAMARAC FL 33321**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FE Number

90-0032395

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POSADA, RODRIGO

715 N BEL AIR DR

PLANTATION FL 33317

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, type or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-statuting.)

☐ Change ☐ Addition

9. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**D
ECHEVERRI, JULIO
7437 NW 57TH STREET
TAMARAC FL 33321**

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR