

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90020 008 ***150.00

DOCUMENT # P02000040166

1. Entity Name
 HEALTH PLUS THERAPY SERVICES, INC.



Principal Place of Business Mailing Address

11337 NW 46TH LANE 11337 NW 46TH LANE
 MIAMI, FL 33178 MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0427730	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARAGON, AREANNE
 11337 NW 46TH LANE
 MIAMI, FL 33178

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

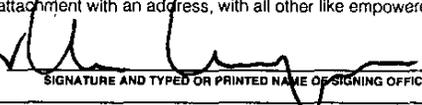
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARAGON, AREANNE 11337 NW 46TH LANE MIAMI, FL 33178
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date: 5-11-04 Daytime Phone #: 845-0715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

24076372

Doc:

P02000040166

Areanne Aragon
Health Plus Therapy Services
1100 Scotia Drive #108
Hypoluxo, FL 33462

To Whom It May Concern:

The reason for this form being late is that I recently moved and forwarded my mail to my new address, arriving after May 1, 2004. I ask that you please wave the late fee and receive my initial fee of \$150.00. Please do not hesitate to contact me 561-845-0715.

Thank you in advance for your help.

Sincerely,



Areanne Aragon
Health Plus Therapy Services