


**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 11337 NW 46TH LANE MIAMI, FL 33178	Mailing Address 11337 NW 46TH LANE MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0427730	Applied For <input type="checkbox"/> 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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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARAGON, AREANNE 11337 NW 46TH LANE MIAMI, FL 33178
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IN THIS SPACE**

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: 	5-11-04 845-0715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

Attachment

24176372

Doc.

P02000040166

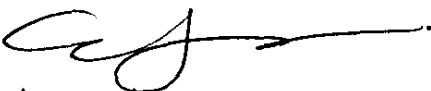
Areanne Aragon
Health Plus Therapy Services
1100 Scotia Drive #108
Hypoluxo, FL 33462

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