

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90284 023 ***158.75

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1. Entity Name
PREFERRED THERAPY SERVICES CORP.



Principal Place of Business
**2750 W 68 ST STE 208
HIALEAH, FL 33016**

Mailing Address
**2750 W 68 ST STE 208
HIALEAH, FL 33016**

66422166



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number
37-1431557

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MOLINA, MARIA B
2892 SW 128 WAY
MIRAMAR, FL 33027**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MONTERO, SANDRA M
STREET ADDRESS	1821 SW 162 AVE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	V
NAME	MOLINA, MARIA B
STREET ADDRESS	2892 SW-128 WAY
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	BLANCO, YAMILA
STREET ADDRESS	2750 W 68 ST STE 208
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04

Date

Daytime Phone #