

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90545 017 ***150.00

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DOCUMENT # P02000065107

1. Entity Name
THERAPY DYNAMICS, INC.



Principal Place of Business
**453 N. KIRKMAN ROAD
SUITE 203
ORLANDO FL 32811**

Mailing Address
**453 N. KIRKMAN ROAD
SUITE 203
ORLANDO FL 32811**



2. Principal Place of Business
**455 Douglas Avenue
Suite, Apt. #, etc.
Suite 2155-15**

3. Mailing Address
**455 Douglas Avenue
Suite, Apt. #, etc.
Suite 2155-15**

☐ CHECK HERE IF MAKING CHANGES

City & State
Altamonte Springs, FL
Zip
32714
Country
USA

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Altamonte Springs, FL
Zip
FL 32714
Country
USA

4. FEI Number
02-0620900

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCALLA-WATSON, RENEE
453 N. KIRKMAN ROAD
SUITE 203
ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name
Renee McCalla-Watson
Street Address (P.O. Box Number is Not Acceptable)
**455 Douglas Avenue
Suite 2155-15**
City
Altamonte Springs **FL** Zip Code
32714

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, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCCALLA-WATSON, RENEE
453 N. KIRKMAN ROAD SUITE 203
ORLANDO FL 32811** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**McCalla-Watson, Renee
455 Douglas Avenue Suite 2155-15
Altamonte Springs, FL 32714** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ADAMS, MONICA
453 N. KIRKMAN ROAD SUITE 203
ORLANDO FL 32811** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Adams, Monica
455 Douglas Avenue Suite 2155-15
Altamonte Springs, FL 32714** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03 (407) 788-7722
Daytime Phone #

CR2E034 (10/02)