

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 8:00 am
Secretary of State

08-12-2004 90002 049 ***550.00

DOCUMENT # P02000102656	
1. Entity Name PTC FLORIDA, INC.	

Principal Place of Business 701 BRICKELL AVE STE 3000 MIAMI, FL 33131	Mailing Address 701 BRICKELL AVE STE 3000 MIAMI, FL 33131
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54067952



2. Principal Place of Business 10100 West Sample Road	3. Mailing Address
Suite, Apt. #, etc. Suite #405	Suite, Apt. #, etc.
City & State Coral Springs, Florida	City & State
Zip 33065	Country

06292004 Chg-P CR2E034 (10/03)

4. FEI Number 54-2101305	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REGISTERED AGENT CORPORATION 701 BRICKELL AVE STE 3000 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue, Ste. 3000 Miami FL 33131	
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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. INTRASTATE REGISTERED AGENT CORPORATION SIGNATURE: <u>[Signature]</u> JORGE L. HERNANDEZ-TORANO, VP Signature, typed or printed name of registered agent and title (if applicable) NOTE: Registered Agent signature required when reappointing DATE: <u>6/29/04</u>	
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FILE NOW!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAUFIELD, EUGENE 701 BRICKELL AVE., SUITE 3000 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ☒ Change ☐ Addition CAUFIELD, EUGENE 10100 West Sample Road, Ste. 405 Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VOLANOS VALLE, FERNANDO 701 BRICKELL AVE., SUITE 3000 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ☐ Change ☒ Addition BOLANOS MENENDEZ, FERNANDO 10100 West Sample Road, Ste. 405 Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☐ Change ☒ Addition WALSH, ENDA 10100 West Sample Road, Ste. 405 Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ☒ Change ☐ Addition BOLANOS VALLE, FERNANDO 10100 West Sample Road, Ste. 405 Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition MCCANN, D.V. 10100 West Sample Road, Ste. 405 Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: <u>ENDA WALSH</u> <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>8/6/04</u> Daytime Phone #: <u>954-796-4236</u>