

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90028 012 ***150.00

DOCUMENT # P02000109765

1. Entity Name

TOTAL THERAPY PROGRAMS OF FLORIDA, INC.



Principal Place of Business

**5100 W. COPANS ROAD
SUITE 300
MARGATE FL 33063**

Mailing Address

**5100 W. COPANS ROAD
SUITE 300
MARGATE FL 33063**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

82-0567666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROWLANDS, LYNDA
5100 W. COPANS ROAD
SUITE 300
MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name **Joan Walerstein, VP**
Street Address (P.O. Box Number is Not Acceptable)
5100 W. Copans Road
Suite 300
City **Margate** FL Zip Code **33063**

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 **Joan Walerstein, VP** **Joan Walerstein, VP** **4/12/04**
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

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

TITLE **D** ☐ Delete
NAME **WALERSTEIN, JOAN**
STREET ADDRESS **5100 W. COPANS ROAD, SUITE 300**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☐ Delete
NAME **LEVY, RICHARD**
STREET ADDRESS **5100 W. COPANS ROAD, SUITE 300**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☐ Delete
NAME **ROWLANDS, LYNDA**
STREET ADDRESS **5100 W. COPANS ROAD, SUITE 300**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☐ Delete
NAME **ROWLANDS, DAVID**
STREET ADDRESS **5100 W. COPANS ROAD, SUITE 300**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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: **Joan Walerstein, VP** **Joan Walerstein, VP** **4/12/04** **954**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **970-1441**