


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P02000115043 |  |
| 1. Entity Name ACTIVE THERAPY ASSOCIATES, INC. | |

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| Principal Place of Business 7911 N.W. 72ND AVENUE #204 MEDLEY, FL 33166 | Mailing Address 7911 N.W. 72ND AVENUE #204 MEDLEY, FL 33166 |
|--|--|

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 61-1430173 | 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

ASSEE, RONALD
7911 N.W. 72ND AVENUE #204
MEDLEY, FL 33166

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** _____

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | P ASSEE, RONALD 7911 N.W. 72ND AVENUE #204 MEDLEY, FL 33166 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V DELVALLE, RACHEL S 7911 N.W. 72ND AVENUE #204 MEDLEY, FL 33166 |
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01/24/05-80031-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  **RONALD ASSEE** **1/17/05** **883 6180**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #