## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 21, 2006 8:00 am Secretary of State

DOCUMENT # P02000125105  1. Entity Name U & L THERAPY CENTER INC.					02-21-2006 9001 4 009 ***1 58.75				
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·						
42 NW 27 AV MIAMI, FL 33		42 NW 27 AVE., #315 MIAMI, FL 33125		LIMMANNIAN	1868 ((B)) 88(1) 88(1) 88(1)	ipi kiris mbol su		148)    (48)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02152006	_ Chg-P	CR2E0	34 (11/05)	~===	
City & State		City & State			4. FEI Number Applied For 54-2083868 Not Applicable				
Zip	Country	Zip	Country		of Status Desired		\$8.75 Add Fee Required	itional	
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New I			_	
RAMIREZ, FRANCISCO			Name	•					
42 NW 27 MIAMI, FL	AVE #315		Street Addre	ess (P.O. Box Numbe	r is Not Acceptabl	e)			
1411/14111, 1 &									
			City			FL	Zip Code	3	
	named entity submits this statement tions of registered agent.	or the purpose of changing its	registered office or reg	istered agent, or both	n, in the State of F	orida. I am f	amiliar with,	and accept	
_	•								
SIGNATURE_	Signature, typed or printed name of registered agen	and title if applicable. (NOT	E: Registered Agent signature re	quired when reinstating)		DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campa	ign Financing	\$5.00 May Be Added to Fees					
10.		.00 rust runa Cont		Added to Fees					
	OFFICERS AND				CHANGES TO OF	FICERS:AND	DIRECTORS	S'IN-11	
TITLE	PSD		TITLE		CHANGES TO OF	FICERS:AND	DIRECTORS  Change	S'IN'11	
NAME	PSD RAMIREZ, FRANCISCO	DIRECTORS	TITLE NAME		CHANGES TO OF	FICERS AND			
1	PSD	DIRECTORS	TITLE		CHANGES TO OF	FICERS AND			
NAME STREET ADDRESS CITY-ST-ZIP	PSD RAMIREZ, FRANCISCO 42 NW 27 AVE #315 MIAMI, FL 33125 D	DIRECTORS	TI1.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE		CHANGES TO OF	FICERS AND			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FRANCISCO RAHICEZ

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-16-06

√ (305) 643-0407