

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91789 002 ***150.00

0007921 AT

DOCUMENT # P02000134334

1. Entity Name

ANGEL FAMILY THERAPIES, INC.



Principal Place of Business

2555 NORTH DIXIE HIGHWAY
2555
LAKE WORTH FL 33460
US

Mailing Address

1830 EMBASSY DRIVE
T-13
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 2557

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2555 NORTH DIXIE HWY

Stuart, FL

LAKE WORTH, FL

Zip
33460

Country
PB

Zip
34995

Country
Martin



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

41-2091782

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, MARGARITA C
1830 EMBASSY DRIVE
T-13
WEST PALM BEACH FL 33401

AS of
7-1-04

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7106 HAWKS NEST TERR

City

RIVIERA BEACH

FL

Zip Code

33407

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/28/03

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
PRESIDENT
MARY-JO W. RUBIN
10803 WHARTON WAY
W. PALM BE, FL 33412

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SIT
MARGARITA GUTIERREZ
1830 EMBASSY DR. T-13
W. PALM BE, FL 33401

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03

DATE

Daytime Phone #

CR2E034 (10/02)