


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90050 014 ***150.00

| | | | |
|---|--|---|---|
| DOCUMENT # P03000005830 1. Entity Name INDEPENDENT THERAPY CENTER, INC. | |  | |
| Principal Place of Business 855 EAST 10TH AVENUE HIALEAH FL 33010 | | Mailing Address 855 EAST 10TH AVENUE HIALEAH FL 33010 | |
| 2. Principal Place of Business 845 EAST 10TH AVENUE | | 3. Mailing Address 845 EAST 10TH AVENUE | |
| Suite, Apt. #, etc. N/A | | Suite, Apt. #, etc. N/A | |
| City & State HIALEAH, FLORIDA | | City & State HIALEAH, FLORIDA | |
| Zip 33010 | | Country U.S.A. | |
| 4. FEI Number 81-0591995 | | 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 BARROS, LILIANA 855 EAST 10TH AVENUE HIALEAH FL 33010 | | 7. Name and Address of New Registered Agent Name LILIANA BARRIOS Street Address (P.O. Box Number is Not Acceptable) 845 EAST 10TH AVENUE City HIALEAH FL Zip Code 33010 | |
| 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 <i>Liliana Barrios</i> LILIANA BARRIOS P.D. 3-24-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PD NAME BARRIOS, LILIANA STREET ADDRESS 855 EAST 10TH AVENUE CITY-ST-ZIP HIALEAH FL 33010 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE PD NAME LILIANA BARRIOS STREET ADDRESS 845 EAST 10TH AVENUE CITY-ST-ZIP HIALEAH, FL. 33010 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Liliana Barrios</i> LILIANA BARRIOS PD | | 3-24-04 305-885-4448 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |



MOORE CR2E034 (11/03)