# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2006**
**Secretary of State**

DOCUMENT# P03000005830

**Entity Name:** INDEPENDENT THERAPY CENTER, INC.

**Current Principal Place of Business:**

7315 WEST FLAGLER ST.
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

7315 WEST FLAGLER ST.
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number: 81-0591995** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARROS, LILIANA
845 EAST 10TH AVE.
HIALEAH, FL 33010 US

**Name and Address of New Registered Agent:**

BARROS, LILIANA
7315 WEST FLAGLER ST
MIAMI, FL 33144 US

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.

SIGNATURE: 04/27/2006
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: BARRIOS, LILIANN
Address: 845 EAST 10TH AVE.
City-St-Zip: HIALEAH, FL 33010

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: BARRIOS, LILIANA
Address: 7315 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILIANA BARRIOS PD 04/27/2006
Electronic Signature of Signing Officer or Director Date