

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018774

FILED
May 24, 2004
Secretary of State

Entity Name: FIRST CARE THERAPY CENTER INC.

Current Principal Place of Business:

139 5TH STREET
NAPLES, FL 34113

New Principal Place of Business:

2408 LINWOOD AVE
SUITE # 2
NAPLES, FL 34112

Current Mailing Address:

139 5TH STREET
NAPLES, FL 34113

New Mailing Address:

2408 LINWOOD AVE
SUITE # 2
NAPLES, FL 34112

FEI Number: 57-1152943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAGUERRE, JEAN C
139 5TH STREET
NAPLES, FL 34113

Name and Address of New Registered Agent:

LAGUERRE, JEAN C
2408 LINWOOD AVE
SUITE # 2
NAPLES, FL 34112

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: JEAN LAGUERRE

05/24/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAGUERRE, JEAN C
Address: 139 5TH STREET
City-St-Zip: NAPLES, FL 34113

Title: V () Delete
Name: LAGUERRE, EVELYNE
Address: 139 5TH STREET
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAGUERRE, JEAN C
Address: 2408 LINWOOD AVE SUITE # 2
City-St-Zip: NAPLES, FL 34112

Title: V (X) Change () Addition
Name: LAGUERRE, EVELYNE
Address: 2408 LINWOOD AVE SUITE # 2
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEAN LAGUERRE

P

05/24/2004

Electronic Signature of Signing Officer or Director

Date