

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90705 017 ***150.00

DOCUMENT # P03000065423

1. Entity Name

MULTICARE TOUCH THERAPY, INC.



Principal Place of Business

7707 UNIVERSITY DR STE 203A
MARGATE FL 33321

Mailing Address

7707 UNIVERSITY DR STE 203A
MARGATE FL 33321

2. Principal Place of Business

7707 N UNIVERSITY DR

Suite, Apt. #, etc.

STE 203A

City & State

TAMARAC FL

Zip

33321

Country

USA

3. Mailing Address

7707 N UNIVERSITY DR

Suite, Apt. #, etc.

STE 203A

City & State

TAMARAC Florida

Zip

33321

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

14 188 9373

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRICE, SAMUEL A ESQUIRE
1040 BAYVIEW DR STE 112
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

PRICE, SAMUEL A Esquire

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

1000 W MENAB RD, STE 170

City

POMPANO BEACH

FL

Zip Code

33069

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME SHIM-PRICE, MARVIA
STREET ADDRESS 3338 NW 23 CT
CITY-ST-ZIP LAUDERDALE LAKES FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

4/25/04

Date

954 7224404

Daytime Phone #