


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000065423		
1. Entity Name MULTICARE TOUCH THERAPY, INC.		
Principal Place of Business 7707 N UNIVERSITY DR. STE. 203A TAMARAC, FL 33321	Mailing Address 7707 N UNIVERSITY DR. STE. 203A TAMARAC, FL 33321	



07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1889373	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 PRICE, SAMUEL A ESQUIRE 100 W MCNAB RD. STE. 170 POMPANO BEACH, FL 33069
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**DO NOT WRITE
IN THIS SPACE**

7. 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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHIM-PRICE, MARVIA 3338 NW 23 CT LAUDERDALE LAKES, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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09/01/05-80004-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

8/25/05 954 722-4404