2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jul 19, 2004 8:00 am Secretary of State **DOCUMENT # P03000092320** 1. Entity Name 07-19-2004 90017 004 ***558.75 INJURY HEALTH CARE THERAPY, INC. Principal Place of Business Mailing Address 6017 EL DORADO DR 6017 EL DORADO DR 1402013/ TAMPA, FL 33615 TAMPA, FL 33615 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 07122004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 04-Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City Zip Code 8. The above named antity 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** DATE Signature, typed or brinted name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) 1000 \$5.00 May Be FILE NOWIL FEE IS \$550.00 9. Election Campaign Financing Due by September 8, 2004 Trust Fund Contribution. Added to Fees ξ. 45 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Delete ☐ Addition TITLE TITLE LOPEZ OSCAR JR NAME NAME STREET ADDRESS 6017 EL DORADO DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA, FL 33615** Delete TITLE ☐ Change ☐ Addition TITLE CABRERA, SANTIAGO NAME STREET ADDRESS 6017 EL DORADO DR STREET ADDRESS **TAMPA, FL 33615** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP TITLE Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED