## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

## Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P03000116674** 04-26-2004 90424 036 \*\*\*150.00 DYNAMIC ORGANIC THERAPY, INC. Principal Place of Business Mailing Address **34054065** 1910 ROBINHOOD STREET 1910 ROBINHOOD STREET SARASOTA, FL 34231 SARASOTA, FL 34231 2. Principal Place of Business 3. Mailing Address 3023 Concord Street 3023 Concord Street Suite, Apt, #, etc. Suite, Apt. #, etc 04092004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Sarasota, Florida Sarasota, Florida 20-0322644 Not Applicable Zip - -Country \$8.75 Additional 5. Certificate of Status Desired\_ 34231-7203 34231-72Õ3 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Allen E. Langdon, Ph.D. SAEPOFF, LISA Street Address (P.O. Box Number is Not Acceptable) 1910 ROBINHOOD STREET SARASOTA, FL 34231 125 First Avenue Nokomis 8. The above named entity submits 16% 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 age April 9, 2004 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D D, P, S, T ☐ Defete **X**1Change ☐ Addition SAEPOFF, LISA Saepoff, Lisa R. NAME NAME 1910 ROBINHOOD STREET STREET ADDRESS 3023 Concord Street STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP Sarasota, FL 34231-7203 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -TITLE Delete TITI F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 addiese, with all other like empowered.

April 9, 2004

(941) 924-1234

FILED