

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90017 048 ***158.75

DOCUMENT # P03000121632

1. Entity Name
THERAPY CARE CENTER, INC.



Principal Place of Business

27501 WAIKIKI COURT
WESLEY CHAPEL, FL 33543

Mailing Address

27501 WAIKIKI COURT
WESLEY CHAPEL, FL 33543

2. Principal Place of Business

5841 Dahlia Drive
Suite, Apt. #, etc.

3. Mailing Address

PO Box: 570186
Suite, Apt. #, etc.



07072004

Chg-P

CR2E034 (10/03)

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

54-2131952

Applied For

Not Applicable

Zip

32807

Country

USA

Zip

32857-0186

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LITUANAS, SALVADOR LOU C
27501 WAIKIKI COURT
WESLEY CHAPEL, FL 33543

7. Name and Address of New Registered Agent

Name
Salvador Lou C Litanas

Street Address (P.O. Box Number is Not Acceptable)
5841 Dahlia Dr.

City
Orlando

FL

Zip Code
32807

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]* / SALVADOR LOU C. LITUANAS / Registered Physical Therapist 07/08/04

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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
P
LITUANAS, SALVADOR LOU C
27501 WAIKIKI COURT
WESLEY CHAPEL, FL 33543 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ESTRADA, VERNON L
27501 WAIKIKI COURT
WESLEY CHAPEL, FL 33543 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Litanas, Salvador Lou C ☒ Change ☐ Addition
5841 Dahlia Dr.
Orlando, FL 32807

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

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

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]* / SALVADOR LOU C. LITUANAS / Registered Physical Therapist 07/08/04
(407) 737-9434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #