2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000121632 1. Entity Name THERAPY CARE CENTER, INC.								
Principal Place	of Business	Mailing Address				, -		
27501 WAIKI								
WESLEY CHA	PEL, FL 33543	WESLEY CHAPEL, FL 33	543 🗸	* · · · · · · · · · · · · · · · · · · ·			•	
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2. Principal P	ace of Business	3. Mailing Address	a'a'					HER K IERI
	Dahlia Drive	PO Box: 570	00		{			
Suite, Apt.	#, etc.	Suite, Apr. #, etc.			07072004	Chg-P	CR2E034 (10/03)	
_City & State	2	_City & State		- · · · · · -	4. FEI Numbe		I Ar	plied For
Orland		Orlando, FL				131952		t Applicable
Zip	Country	Zip	Country				\$8.75 Add	
32807	USA	32857-0186	ŬŜĀ		5. Certificate	of Status Desired	Fee Require	
JZUU!	6. Name and Address of Current I		1		7. Name and	Address of New R		
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LITUANAS, SALVADOR LOU C LITUANAS								
	KIKI COURT		Stre	et Address (P.O. Box Numbe	r is Not Acceptable	$p \mapsto p = p$	
WESLEY	CHAPEL, FL 33543		<u></u>	201	Lani	<u> </u>	<u>, ',</u>	
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	•	•	City	0-10	مام		Zip Cod	e
ULIANOU 1 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.								
Lituan /SALVADOR LOU C. LITUANAS/ Registered Physical Theraps + 07/08/04								
SIGNATURE.	J Moon 13AC				degis, cc.	CC 1 195100	incergisi	01/00/04
Grandure, logist or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.								F.S., the notice.
10.	J P' OFFICERS AND I	DIRECTORS ***	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	P	☐ Delete	TITLE	Ρ.	- ^	1.56-1	Change	Addition
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STREET ADDRESS:	27501 WAIKIKI COURT	ia,	STREET ADDR	ESS		' i .		
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	L certify that the information supplied with	this filing does not qualify for	<u> </u>) Florida Statutes	further certify that the in	nformation
	on this report or supplemental report is	Q quum j ioi				,		

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Thirther 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: STUDEN SALVADOR LOUC. LITUANAS/REGISTERA PHYSICA | Therapist on 108/04 (407) 737 - 9434