2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State
04-26-2004 90449 041 ***150.00

66421848

04182004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000140436

1. Entity Name
THERAPISTS TO YOU, INC.

Principal Place of Business	Mailing Address
152 BELLEZZA TERRACE ROYAL PALM BEACH, FL 33411	152 BELLEZZA TERRACE ROYAL PALM BEACH, FL 33411

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 55-0853293 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA RENNA, FELVINA
152 BELLEZZA TERRACE
ROYAL PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 Felvina Renna, Physical therapist 4/19/04
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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA RENNA, FELVINA 152 BELLEZZA TERRACE ROYAL PALM BEACH, FL 33411	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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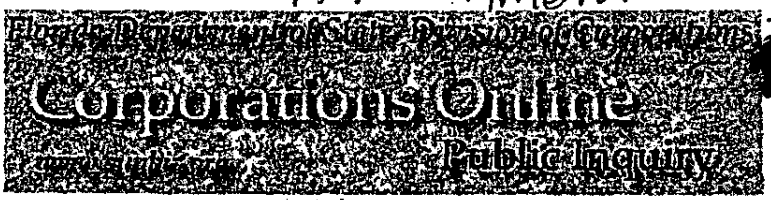
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Felvina Renna, PT

Attachment



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#P03000140436

Florida Profit

THERAPISTS TO YOU, INC.

PRINCIPAL ADDRESS
152 BELLEZZA TERRACE
ROYAL PALM BEACH FL 33411

MAILING ADDRESS
152 BELLEZZA TERRACE
ROYAL PALM BEACH FL 33411

Document Number	FEI Number	Date Filed
P03000140436	NONE	11/17/2003
State	**Status**	**Effective Date**
FL	ACTIVE	NONE

Registered Agent

Name & Address
GARCIA RENNA, FELVINA 152 BELLEZZA TERRACE ROYAL PALM BEACH FL 33411

Officer/Director Detail

Name & Address	Title
GARCIA RENNA, FELVINA 152 BELLEZZA TERRACE ROYAL PALM BEACH FL 33411	D

Annual Reports

Report Year	Filed Date

IRS Department of the Treasury
Internal Revenue Service

attachment

HOLTSVILLE NY 11742-0038

In reply refer to: 0134448116
Dec. 12, 2003 LTR 147C
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BODC: SB

THERAPIST TO YOU INC
152 BELLEZZA TER
ROYAL PALM BEACH FL 33411

Employer Identification Number: 55-0853293

Dear Taxpayer:

Thank you for the inquiry dated Nov. 12, 2003.

If you have not already completed a Form 2553 for your corporation, please complete the enclosed Form 2553 and send it to the address indicated in the instructions.

If you have any questions, please call us toll free at 1-800-829-4933.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number (561) 632-0926 Hours 8:00 - 5:00

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Iris Drucker

Iris Drucker
Department Mgr. EIN 2

Enclosure(s):
Copy of this letter
Form 2553 & instructions