

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000019374

FILED  
Jun 04, 2005  
Secretary of State

Entity Name: THERAPEUTIC HEALTH CENTER INC.

## Current Principal Place of Business:

860 111TH AVENUE NORTH  
1 & 2  
NAPLES, FL 34108

## New Principal Place of Business:

## Current Mailing Address:

860 111TH AVENUE NORTH  
1 & 2  
NAPLES, FL 34108

## New Mailing Address:

25087 PINEWATER COVE LANE  
BONITA SPRINGS, FL 34134 US

FEI Number: 20-0699005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FINUCAN, MARGARET  
860 111TH AVENUE NORTH  
1 & 2  
NAPLES, FL 34108 US

## Name and Address of New Registered Agent:

LOWDER, JAMES  
25087 PINEWATER COVE LANE  
BONITA SPRINGS, FL 34134 US

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.

SIGNATURE: JAMES T LOWDER

06/04/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GEORGE, RONALD  
Address: 860 111TH AVENUE NORTH STE 1 & 2  
City-St-Zip: NAPLES, FL 34108 US

Title: VP,T ( ) Delete  
Name: LOWDER, TERRY  
Address: 25087 PINE WATER COVE LANE  
City-St-Zip: NAPLES, FL 34134 US

Title: S (X) Delete  
Name: FINUCAN, MARGARET  
Address: 860 111TH AVENUE NORTH STE 1&2  
City-St-Zip: NAPLES, FL 34108 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES T LOWDER

VP,T

06/04/2005

Electronic Signature of Signing Officer or Director

Date