




2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-28-2005 90222 008 ***150.00

DOCUMENT # P04000088973 1. Entity Name AQUATIC THERAPY SERVICES, INC.					
Principal Place of Business 8573 N.W. 18TH PLACE CORAL SPRINGS, FL 33071			Mailing Address 8573 N.W. 18TH PLACE CORAL SPRINGS, FL 33071		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66006402 	
City & State		City & State		02172005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 20-1268741	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEVY, KAREN 8573 N.W. 18TH PLACE CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DP MCMAHON, KATHRYNE 8573 N.W. 18TH PLACE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DVP LEVY, KAREN 8573 N.W. 18TH PLACE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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:  2-18-05 954 575-1254 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					