

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000139225		
1. Entity Name DYNAMIC THERAPY AND WELLNESS SERVICES, INC.		
Principal Place of Business 6944 MILL BROOK PL LAKE WORTH, FL 33463	Mailing Address 6944 MILL BROOK PL LAKE WORTH, FL 33463	 01182007 No Chg-P CR2E034 (11/05) 4. FEI Number 27-0106613 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required Applied For ☐ Not Applicable
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NEMUSESO, STELLA H 6944 MILL BROOK PL LAKE WORTH, FL 33463		
DO NOT WRITE IN THIS SPACE		
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: <u>Stella H. Nemuseso</u> <u>[Signature]</u> <u>1/29/07</u> 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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees 000000613975 02/06/07-80007-002 158.75
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEMUSESO, STELLA H 6944 MILL BROOK PL LAKE WORTH, FL 33463	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> <u>1/29/07</u> <u>561 827 08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		