2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 13, 2006 08:00 AM Secretary of State

DOCUMENT # P05000104640 1. Entity Name ABC THERAPEUTIC CENTER, INC.					Secretary of State				
Principal Place of Business Mailing Address				•	1				
1800 SW 1ST ST. 1800 SW 1ST ST.					}				
SUITE E, #216 SUITE E, #216 MIAMI, FL 33145 MIAMI, FL 33145					}				
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	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102006	Chg-P	CR2E034 (11			
City & State		City & State		4. FEI Numbe	·	}		olied For Applicable	
Zip			Cour	otry	5. Certificate of Status Desired S8.75 Additional Fee Required				
<u> </u>	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	tegistered Agent		· + · · ·
GRAVIER,	.10SF.1			}					
2331 SW 6TH ST MIAMI, FL 33135			Street Address (P.O. Box Number is Not Acceptable)						
				{		•			141
				City			FL Zi	p Code	; I
	named entity submits this statement in tions of registered agent.	or the purpose of changing its	s register	red office or regist	ered agent, or boti	n, in the State of Fic	orida I am familia	r with, a	and accept
) SIGNATORIE	Signature, typed or printed name of registered agen	ON) eldebilges if applicable	TE. Flegister	ed Agent signature requir	red when reinstating)		DATE	-	·-
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campa Trust Fund Con		ncing \$!	5.00 May Be ided to Fees				- 3
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF			
TITLE	PD CONTRACT	☐ Defete	<i>ע</i> עד	1		Unnnnn	r386436 □ °	hange	Addition
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CITY-ST-ZIP	MIAMI, FL 33135		1	7-ST-ZDP		21, 22, 22		x 0.0	/ 4
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12. I hereby certify that the interpolation supplied with this filling does not quality for the exemptions contained in Chapter 119, Horida 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHATERE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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