

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000044430

1. Entity Name
PROFESSIONAL THERAPY CARE, INC.



Principal Place of Business
85 GRAND CANAL DR STE 104
MIAMI, FL 33144

Mailing Address
85 GRAND CANAL DR STE 104
MIAMI, FL 33144

2. Principal Place of Business - No P.O. Box #
8260 W FLAGLER ST.

3. Mailing Address
8260 W FLAGLER ST.

Suite, Apt. #, etc.
21

Suite, Apt. #, etc.
21

City & State
Miami, FL

City & State
Miami, FL

Zip **33144** Country **DADE**

Zip **33144** Country **DADE**

6. Name and Address of Current Registered Agent

PRADO, ADRIANA
85 GRAND CANAL DR STE 104
MIAMI, FL 33144

7. Name and Address of New Registered Agent
Name **ADRIANA PRADO**

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

8260 W FLAGLER ST.

City **Miami** FL **33144** 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

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/07

**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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRADO, ADRIANA 85 GRAND CANAL DR STE 104 MIAMI, FL 33144	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADRIANA PRADO 8260 W FLAGLER ST. MIAMI, FL 33144	<input checked="" 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
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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 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.

4/9/07

SIGNATURE:

ADRIANA PRADO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #