

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000044430

FILED
Apr 29, 2009
Secretary of State

Entity Name: PROFESSIONAL THERAPY CARE, INC.

Current Principal Place of Business:

1840 WEST 49 ST, STE 600
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1840 WEST 49 ST, STE 600
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-4606069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRADO, ADRIANA
8260 WEST FLAGLER ST
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

PRADO, ADRIANA
1840 W 49 ST STE 600
HIALEAH, FL 33012 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: ADRIANA PRADO

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PRADO, ADRIANA
Address: 8260 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PRADO, ADRIANA
Address: 1840 W 49 ST SUITE 600
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ADRIANA PRADO

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date