FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -7 AM 9:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000078242 (2)**

1. Corporation Name
FLORIDA HEALTH & THERAPY CENTER, INC.

Principal Place of Business	Mailing Address
9780 SW 37 ST MIAMI FL 33165	9780 SW 37 ST MIAMI FL 33165

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/25/1994
3a. Date of Last Report: 10/25/94

2. Principal Place of Business — 21: 8890 CORAL WAY #200
2a. Mailing Address — 26: 7951 SW 40th ST
Suite, Apt. #, etc. — 22: #200 — 27: #200
City & State — 23: MIAMI FL — 28: MIAMI FL
Zip — 24: 33165 — Country — 25: USA — Zip — 29: 33155 — Country — 30: USA

4. FEI Number: 65-0528435 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CID, JUANA Y
9780 SW 37 ST
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name: ROSA PENTON
82 Street Address (P.O. Box Number is Not Acceptable): 8890 CORAL WAY
83: # 200
84 City: MIAMI — FL — 85 Zip Code: 33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Rosa Penton
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	CID, JUANA Y	12 NAME	ROSA M. PENTON	
STREET ADDRESS	9780 SW 37 ST	13 STREET ADDRESS	8890 CORAL WAY # 200	
CITY-ST-ZIP	MIAMI FL 33165	14 CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VSTD	21 TITLE	VP/D	☐ Change ☒ Addition
NAME	PENTON, ROSA M	22 NAME	SANDRA SAINZ	
STREET ADDRESS	605 NW 72 AVE APT 402	23 STREET ADDRESS	8890 CORAL WAY # 200	
CITY-ST-ZIP	MIAMI FL 33126	24 CITY-ST-ZIP	MIAMI FL 33165	
TITLE		31 TITLE	S/T/D	☐ Change ☒ Addition
NAME		32 NAME	ADELA TABRAUE	
STREET ADDRESS		33 STREET ADDRESS	8890 CORAL WAY # 200	
CITY-ST-ZIP		34 CITY-ST-ZIP	MIAMI FL 33165	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rosa M Penton 4/26/95 Reg 2672410
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — (Optional Filing #)

0177235 CP