

# 2000 UNIFORM BUSINESS REPORT (UBR)

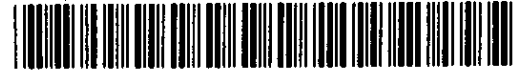
**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90012 046 \*\*\*158.75

**DOCUMENT # P94000079138**

1. Entity Name  
**BEST THERAPISTS, INC.**

Principal Place of Business 407 LINCOLN RD. BEACH FL 33139	Mailing Address P.O. BOX 415090 MIAMI BEACH FL 33141-5090 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>7545 E. TREASURE DR.</b> Suite, Apt. #, etc. <b># 3 H</b> City & State <b>N. BAY VILLAGE, FL.</b> Zip <b>33141</b>	3. Mailing Address Suite, Apt. #, etc. City & State <b>FL</b> Zip Country
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4. FEI Number <b>65-0529648</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**LEOPOLD, NORMAN**  
**20801 BISCAYNE BLVD**  
**SUITE 501**  
**AVENTURA FL 33180**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PACHECO-MCDONALD, AURA J 7545 E TREASURE DR #311 N BAY VILLAGE FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7545 E. TREASURE DR. # 3 H</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCDONALD, BYRON 7545 E TREASURE DR #311 N BAY VILLAGE FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7545 E. TREASURE DR. # 3 H</b>
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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Byron McDonald, V.P. **BYRON MCDONALD** 4/30/00 (305) 866-9604  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)