


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90212 038 ***158.75

DOCUMENT # P94000079138

1. Entity Name
BEST THERAPISTS, INC.



Principal Place of Business 7911 NW 167 TERRACE MIAMI LAKES, FL 33016 US	Mailing Address P.O. BOX 415090 MIAMI BEACH, FL 33141-5090 US
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04039313



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0529648	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEOPOLD, NORMAN
20801 BISCAYNE BLVD
SUITE 501
AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PACHECO-MCDONALD, AURA J 7911 NW 167 TERRACE MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCDONALD, BYRON 7911 NW 167 TERRACE MIAMI LAKES, FL 33016
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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Attachment

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P94000079/38

TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<p>12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</p>		
SIGNATURE: <u>Byron McDonald, V.P.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/19/04</u> <small>Date</small>
		<u>305-962-7275</u> <small>Daytime Phone #</small>