

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000025502

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: HEALTH CARE AND THERAPY GROUP, INC.

## Current Principal Place of Business:

7376 NW 35 TERRACE  
MIAMI, FL 33122

## New Principal Place of Business:

3990 WEST FLAGLER ST # 407  
MIAMI, FL 33134

## Current Mailing Address:

7376 NW 35 TERRACE  
MIAMI, FL 33122

## New Mailing Address:

3990 W EST FLAGLER ST # 407  
MIAMI, FL 33134

FEI Number: 65-0568170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORTA, PEDRO  
7376 NW 35 TERRACE  
MIAMI, FL 33122 US

## Name and Address of New Registered Agent:

RODRIGUEZ, SERGUIO  
3990 W FLAGLER ST # 407  
MIAMI, FL 33134 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: SERGUIO RODRIGUEZ

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ORTA, PEDRO  
Address: 7376 NW 35 TERRACE  
City-St-Zip: MIAMI, FL 33122

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RODRIGUEZ, SERGUIO  
Address: 3990 WEST FLAGLER ST  
City-St-Zip: MIAMI, FL 33134

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: SERGUIO RODRIGUEZ

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date