

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P96000087873

1. Entity Name

BRIEF THERAPY CENTER, INC.



**FILED
Feb 06, 2004 8:00 am
Secretary of State**

02-06-2004 90006 035 ***150.00

Principal Place of Business

276 N.E. 27TH STREET
MIAMI FL 33137

Mailing Address

276 N.E. 27TH STREET
MIAMI FL 33137

2. Principal Place of Business

4141 NE 2nd Ave.
Suite Apt. #, etc.
101B

3. Mailing Address

4141 NE 2nd Ave
Suite Apt. #, etc.
101B

City & State

Miami, FL

City & State

Miami, FL

Zip

33137

Country

USA

Zip

33137

Country

USA

4. FEI Number

65-0716940

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAVA, EDMUND M.D.
276 N.E. 27TH STREET
MIAMI FL 33137

Name

Edmund Cava, M.D.

Street Address (P.O. Box Number is Not Acceptable)

4141 NE 2nd Ave, Suite 101B

City

Miami

FL

Zip Code

33137

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

Edmund Cava, M.D.

(NOTE: Registered Agent signature required when reinstating)

1/30/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

Edmund Cava, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04 (305)573-6687
Daytime Phone #