

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-06-2004 90006 035 \*\*\*150.00

**DOCUMENT # P96000087873**

1. Entity Name

BRIEF THERAPY CENTER, INC.



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

7. Name and Address of New Registered Agent

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*

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE PD ☐ Delete  
NAME CAVA, EDMUND M.D.  
STREET ADDRESS 276 N.E. 27TH STREET  
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME Edmund Cava, M.D.  
STREET ADDRESS 4141 NE 2nd Ave, Suite 101B  
CITY-ST-ZIP Miami, FL 33137

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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.

SIGNATURE:

*Edmund Cava*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04 (305) 573-6057  
Date Daytime Phone #