

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000043171 (2)**

1. Corporation Name

INTEGRAL THERAPY, INC.

Principal Place of Business

**15315 NW 60 AVENUE SUITE 105G
MIAMI LAKES FL 33014**

Mailing Address

**15315 NW 60 AVENUE SUITE 105G
MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1997

2. Principal Place of Business

21 **6001 NW 153 St**

Suite, Apt. #, etc.

22 **# 180**

City & State

23 **Miami Lakes, FL**

Zip

24 **33014**

Country

25 **Dade**

2a. Mailing Address

26 **6001 NW 153 St**

Suite, Apt. #, etc.

27 **# 180**

City & State

28 **Miami Lakes, FL**

Zip

29 **33014**

Country

30 **Dade**

4. FEI Number

65-0753038

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fees Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SANCHEZ, MAYRA E
15315 NW 60 AVENUE SUITE 105G
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81 Name

Juan Velasquez

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

15315 NW 60 Ave # 105G

83

84 City

Miami Lakes,

FL

85 Zip Code

33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in both the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **VELASQUEZ, JUAN**
STREET ADDRESS **15315 NW 60 AVENUE SUITE 105G**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **D** ☒ DELETE

NAME **SANCHEZ, MAYRA E**
STREET ADDRESS **15315 NW 60 AVENUE SUITE 105G**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0126008

CR2E034 (10/97)