

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

06-29-2004 90001 021 ***150.00
FILED P97000045268

DOCUMENT # P97000045268

1. Entity Name
D & S THERAPY SERVICES CORPORATION



04 AUG -4 PM 1:54

SEC. OF STATE
TALLAHASSEE, FLORIDA

1000100

Principal Place of Business
1821 SW 162 AVE
MIRAMAR, FL 33027

Mailing Address
1821 SW 162 AVE
MIRAMAR, FL 33027



06152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0753995

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTERO, SANDRA M
1821 SW 162 AVE
MIRAMAR, FL 33027

**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.

100039910141
08/05/04--01056--008 **400.00

SIGNATURE

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

(NOTE: Registered Agent signature required when renouncing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MONTERO, SANDRA M
STREET ADDRESS 1821 SW 162 AVE
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE VS
NAME MONTERO, SANTANDER
STREET ADDRESS 1821 SW 162 AVE
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-17/04 (786) 277-8852