

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN 14 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000052119

1. Corporation Name
PROFESSIONAL THERAPEUTICS CENTER, INC.



Principal Place of Business
6779 WEST FLAGLER STREET
MIAMI FL 33144
US

Mailing Address
13525 S W 20TH TERRACE
MIAMI FL 33175
US

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date incorporated or Qualified | |
| 21 | | 26 | | 06/12/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0762355 | |
| City & State | | City & State | | Applied For | |
| 23 | | 28 | | Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired | |
| 24 | | 25 | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 29 | | 30 | | 6. Election Campaign Financing Trust Fund Contribution | |
| 29 | | 30 | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent | | | | 8. This corporation owes the current year Intangible Personal Property Tax. | |
| BERGOLLA, RODOLFO 12355 SW 46 STREET MIAMI FL 33175 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BERGOLLA, RODOLFO 12355 SW 46 STREET MIAMI FL 33175 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | FL 85 Zip Code | | | |

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, or both, in 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD.S <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERGOLLA, RODOLFO | 1.2 NAME | 00000274780--1 |
| STREET ADDRESS | 8472 S.W. 8TH STREET | 1.3 STREET ADDRESS | -01/20/93--01061--005 |
| CITY-ST-ZIP | MIAMI FL 33144 | 1.4 CITY-ST-ZIP | ****150.00 ****150.00 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FELIPE, JESUS | 2.2 NAME | |
| STREET ADDRESS | 8472 S.W. 8TH STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33144 | 2.4 CITY-ST-ZIP | |
| TITLE | VTD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASTRO, HAYDEE | 3.2 NAME | |
| STREET ADDRESS | 8472 S.W. 8TH STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33144 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE: _____ DATE: 1-12-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0252002

CR2E034 (11/98)