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FILED
May 08 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 # P97000069755 (1)

1. Corporation Name

ADVANCED HEALTH THERAPY CENTER, INC.

Principal Place of Business

1550 SW 137 PLACE
MIAMI FL 33184

Mailing Address

1550 SW 137 PLACE
MIAMI FL 33184



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1997

4. FEI Number

65-0773786

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

2a. Mailing Address

21 4315 N.W. 7 ST

26 Suite, Apt. #, etc.

22 STE 51

27 Suite, Apt. #, etc.

City & State

City & State

23 MIAMI, FL

28 City & State

Zip

Country

Zip

Country

24 33126

25 US

29

30

9. Name and Address of Current Registered Agent

ALONSO, ELSA
1550 SW 137 PLACE
MIAMI FL 33184

10. Name and Address of New Registered Agent

81 Name

BOZA, MIGUEL

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

1550 SW 137 PLACE

83

84 City

MIAMI

FL

85 Zip Code

33184

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-98

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME ALONSO, ELSA
STREET ADDRESS 1550 SW 137 PLACE
CITY-ST-ZIP MIAMI FL 33184

TITLE VD ☒ DELETE

NAME DIAZ, LISSBET
STREET ADDRESS .550 SW 137 PLACE
CITY-ST-ZIP MIAMI FL 33184

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME BOZA, MIGUEL
1.3 STREET ADDRESS 1550 SW. 137 PLACE
1.4 CITY-ST-ZIP MIAMI, FL 33184

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]

PRESIDENT
MIGUEL BOZA

4-30-98 (305) 443-0023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-0000

CR2E034 (10/97)