

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

DOCUMENT # P97000069755

1. Corporation Name

ADVANCED HEALTH THERAPY CENTER, INC.

Principal Place of Business

4315 NW 7 ST
STE 51
MIAMI FL 33126
US

Mailing Address

1550 SW 137 PLACE
MIAMI FL 33184

2. Principal Place of Business

21 1550 SW 137 PLACE

Suite, Apt #, etc

2a. Mailing Address

26 Suite, Apt #, etc.

City & State

23 MIAMI FL

Zip

24 33184

Country

25 US

City & State

27 MIAMI FL

Zip

29 33184

Country

30 US

9. Name and Address of Current Registered Agent

PEREZ, ANDRES
4315 NW 7 ST
STE 51
MIAMI FL 33126

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

Trust Fund Contribution

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

ALONSO, LOIDA

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

Andres Perez

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

(NOTE: Registered Agent signature required when resigning)

05-18-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD PEREZ, ANDRES

NAME 4315 NW 7 ST., STE. 51

STREET ADDRESS MIAMI FL 33126

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

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ALONSO, LOIDA

12 NAME 1550 SW 137 PLACE

13 STREET ADDRESS MIAMI FL 33184

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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: Andres Perez ANDRES PEREZ

05-18-99 (305) 220-5305

FILED

99 MAY 20 PM 12:19

STATE
TALLAHASSEE, FLORIDA



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CR2E034 (11/98)