

1 of 2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009301

1. Entity Name
THERA-PEDS OF JACKSONVILLE, INC.

FILED

05 JAN -4 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1132 Townsend Blvd.
Suite, Apt. #, etc.

3. Mailing Address
1132 Townsend Blvd
Suite, Apt. #, etc.

REINSTATEMENT 03-04 WOP

City & State
Jacksonville, FL
Zip
32211
Country
USA

City & State
Jacksonville, FL
Zip
32211
Country
USA

4. FEI Number
59-3591749
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
MARGARET MARSHALL
Street Address (P.O. Box Number is Not Acceptable)
1132 Townsend Blvd.
City
Jacksonville FL Zip Code
32211

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.

SIGNATURE Margaret Marshall DATE 12/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D MARGARET MARSHALL 1132 Townsend Blvd Jacksonville, FL 32211	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret Marshall DATE 12/2/04 (904)607-2539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

**TAX
ADVANTAGE**

Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

December 2, 2004

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Thera-Peds of Jacksonville, Inc.
2003 & 2004 Uniform Business Reports
Document #: P98000009301

Dear Sir or Madam:

Please find the enclosed Check for \$300.00 for the above referenced Corporation's 2003 & 2004 Uniform Business Reports. The Taxpayer never received their report. We request your assistance in abating the Late Filing Penalty. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,



James K. Reese, EA

Enclosures:
Check for \$300.00