PROFIT J CORPORATION * ANNUÁL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000017220

UNIVERSAL THERAPY CENTER NO II. INC.

| | ONE THEIR TOUTIES | | | | | |
|---|--|---|--|--|---|--|
| Principal Plac | e of Business | Mailing Address | | I IM KING I IN (2) OL I BALL BALL BERLE BERLE | bår tidtå iffin sidra mart men sun. | |
| 7223 CORAL V | | 7223 CORAL WAY | | 1 | | |
| MIAMI FL 3315 | | MIAMI FL 33155 | | DO NOT WRITE IN TH | UC CDACE | |
|] | | | | | IIS SPACE | |
| 1 | | | | 3. Date Incorporated or Qualifed | | |
| | | T = | | 02/23/1998 | Applied For | |
| \vdash | tace of Business | 2a. Mailing Address | | 4. FEI Number 65 - 08/5984 | Not Applicable | |
| 21 | | 26 | | 43 34.3761 | \$8.75 Additional | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | Fee Required | |
| 22 | | City & State | | C. Clautica Compaign Singular | \$5.00 May Be | |
| City & Stat | | Z8 City & State | - | 6. Election Campaign Financing Trust Fund Contribution | - Added to Fees | |
| 23 | Country | 28 . Zip | Country | 8. This corporation owes the current year | | |
| Zip | | | 30 | Personal Property Tax. | ☐Yes ☐No | |
| 24 | 9. Name and Address of Current | 29 Acceptance Assert | 30 | 10. Name and Address of New Registers | | |
| | 9. Name and Address of Current | Live Misteren Wash | 81 Name | | | |
| ALF | M AMAUL, MAM | | L_\ | | | |
| 7223 CORAL WAY | | | 82 Street A | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| MIAMI FL 33155 | | | 83 | | | |
| MINITURE DO 199 | | | 03 | | | |
| · | | | 84 City | . F | 85 Zip Code | |
| | | | | | | |
| office or r agent. I a | to the provisions of Sections of 1997, sold the egistered agent, or both, in the State of m familiar with, and accept the obligation | of Florida. Such change was a | lutnonzed by the corpor | orporation submits this statement for the purpose ration's board of directors. I hereby accept the appropriate the second statement for the purpose ration's board of directors. | pointment as registered | |
| SIGNATURE | Signature, typed or printed name of registared agent | and the if applicable. (NOTE | : Registered Agent argnature rec | | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | • | | |
| NAME | ALEMAN, JUANA M | | 1 . a.v.v.a. | | ☐ Change ☐ Addition ☐ | |
| STREET ADDRESS | 7223 CORAL WAY | | 1.2 NAME | | Change Addition | |
| CITY-ST-ZIP | | | 1.3 STREET ADDRESS | | Change Naddition 1 | |
| | MIAMI FL 33155 | | | | Change Addition 5 | |
| TITLE | MIAMI FL 33155 | () DELETE | 1.3 STREET ADDRESS | | AND DIRECTORS IN 12 Change Addition Change Addition | |
| \ | MIAMI FL 33155 | ☐ ŒLĒTĒ | 1.3 STREET ADORESS 1.4 CITY+ST-ZIP | | Change Addition | |
| NAME | MIAMI FL 33155 | ☐ DELETE | 1.3 STREET ADORESS 1.4 CTTY-ST-ZIP 2.1 TITLE | | Change Addition | |
| NAME STREET ADDRESS | MIAMI FL 33155 | ☐ DELETE | 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | | Change Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | MIAMI FL 33155 | ☐ DELETE | 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME | | Change Addition Change Addition Change Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | MIAMI FL 33155 | | 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | Chage Danier. | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MIAMI FL 33155 | | 1.3 STREET ADDRESS 1.4 CTTY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CTTY-ST-ZP 3.1 TITLE 3.2 NAME | | Chage Danier. | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | MIAMI FL 33155 | | 1.3 STREET ADDRESS 1.4 CTTY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CTTY-ST-ZP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | | Chage Danier. | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | MIAMI FL 33155 | | 1.3 STREET ADDRESS 1.4 CTTY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CTTY-ST-ZP 3.1 TITLE 3.2 NAME | | Chage Danier. | |
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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 turther 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

May 10, 1999 8:00 am Secretary of State

05-10-1999 90137 019 ***150.00

Additio

Change