

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90117 005 ***150.00

DOCUMENT # P98000039979

1. Entity Name
MASTER THERAPEUTIC CENTER, INC.



Principal Place of Business: **20030 S.W. Eagles Nest Rd. Miami, FL 33189**
Mailing Address: **20030 S.W. Eagles Nest Rd. Miami, FL 33189**



2. Principal Place of Business: **9600 S.W. 8th St. Suite 45 Miami FL**
3. Mailing Address: **9600 S.W. 8th St. Suite 45 Miami FL**

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.: **Suite 45**
City & State: **Miami FL**

4. FEI Number: **65-0836621**
Applied For: ☐ Not Applicable

Zip: **33174** Country: **US**

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

6. Name and Address of Current Registered Agent
GONZALEZ, RENE
20030 S.W. EAGLE NEST RD.
MIAMI FL 33189

7. Name and Address of New Registered Agent
Name: **Wilson, J. Everett**
Street Address (P.O. Box Number is Not Acceptable): **2151 Le Jeune Rd. Mezzanine**
City: **Carol Gables FL** Zip Code: **33134**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE: **4/1/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GONZALEZ, RENE 20030 S.W. EAGLE NEST RD. MIAMI FL 33189 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P Echevarria, Fernando 9600 SW 8th St, Suite 45 Miami FL 33174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/S Farkass, Tomas 9600 S.W. 8th St, Suite 45 Miami FL 33174 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: XSIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/1/03** Daytime Phone #

CR2E034 (10/02)