

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-15-2004 90007 040 \*\*\*150.00  
P98000074627

FILED

04 JUL 20 PM 12: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

<b>DOCUMENT # P98000074627</b> 1. Entity Name <b>IDEAL PEDIATRIC THERAPY, INC.</b>					
Principal Place of Business <b>3453 MADRID AVENUE COOPER CITY FL 33026</b>			Mailing Address <b>3453 MADRID AVENUE COOPER CITY FL 33026</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0867607</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BRITTON, ROBIN WARREN 3453 MADRID AVENUE COOPER CITY FL 33026</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>DP SPELLING ERROR BRITTON</b> <input type="checkbox"/> Delete NAME <b>BRITTON, ROBIN WARREN</b> STREET ADDRESS <b>3453 MADRID AVENUE</b> CITY-ST-ZIP <b>COOPER CITY FL 33026</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <b>Robin W. Britton President</b> <i>Robin W. Britton, Pres.</i> <b>954-436-1186</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment

44048811

July 7, 2004

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Document # P98000074627

To Whom It May Concern,

Please accept my apology for filing after the due date of May 1, 2004. I have been a corporation since 1998 and have filed on time each year. This year I have been taking care of a sick parent who has since January 1, had major surgery, dislocated and broke their shoulder and was told they had metastasized liver disease. Therefore I am asking for the penalty to be waived due to my circumstances this year.

Your kind cooperation in this matter would be greatly appreciated.

Sincerely,



Robin Britton, President  
Ideal Pediatric Therapy, Inc.