


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90306 001 ***300.00

DOCUMENT # P98000093951

1. Entity Name
DTC CORP. BOCA RATON



☒ Principal Place of Business ☒ Mailing Address

~~4237 SALISBURY ROAD #300~~
JACKSONVILLE, FL 32216

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JACKSONVILLE, FL 32216

66406062



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. **PLEASE NOTE NEW ADDRESS:**

City & State Diversified Therapy Corp.
4500 Salisbury Rd., Suite 490
Jacksonville, FL 32216

Zip

03102004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3565756 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BLV
SUITE 504
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D ALMAND, AMOS F	<input type="checkbox"/> Delete	TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP 4237 SALISBURY ROAD #300 JACKSONVILLE, FL 32216		STREET ADDRESS CITY-ST-ZIP 4500 Salisbury Rd. #490	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP		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 provided by 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: Amos F. Almand, III **Chairman / CFO**

3/10/04 904-296-6526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #