

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90174 038 ***150.00

DOCUMENT # P98000095071

1. Entity Name
DYNAMIC THERAPY, INC.



Principal Place of Business
**2039 EAST EDGEWOOD
STE 110
LAKELAND, FL 33803**

Mailing Address
**2039 EAST EDGEWOOD
STE 110
LAKELAND, FL 33803**

2. Principal Place of Business - No P.O. Box #
4734 Exploration Ave.
Suite, Apt. #, etc.

3. Mailing Address
4734 Exploration Ave.
Suite, Apt. #, etc.

4000000000



04302008 Chg-P CR2E034 (12/06)

City & State
Lakeland, FL
Zip
33812 Country
USA

City & State
Lakeland, FL
Zip
33812 Country
USA

4. FEI Number
59-3542141 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OCAMPOS, RODRIGO R
~~2039 E EDGEWOOD DR~~ 4734 Exploration Ave.
~~STE 110~~ Lakeland, FL 33812
~~LAKELAND, FL 33803~~

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **OCAMPOS, RODRIGO R**
STREET ADDRESS **~~2039 E EDGEWOOD DR STE 110~~ 4734 Exploration Ave.**
CITY - ST - ZIP **LAKELAND, FL 33803 33812**

TITLE **VP** ☐ Delete
NAME **OCAMPOS, BERNADETTE**
STREET ADDRESS **~~2039 E EDGEWOOD DR STE 110~~ 4734 Exploration Ave.**
CITY - ST - ZIP **LAKELAND, FL 33803 33812**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Bernadette Ocampos** **04-30-08** **863-648-2333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #