

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91777 004 ***150.00

0502902 AV

DOCUMENT # P98000095071

1. Entity Name
DYNAMIC THERAPY, INC.



Principal Place of Business
**2084 EAST EDGEWOOD
LAKELAND FL 33803**

Mailing Address
**2084 EAST EDGEWOOD
LAKELAND FL 33803**



2. Principal Place of Business
2039 East Edgewood
Suite, Apt. #, etc.
Suite 110

3. Mailing Address
2039 East Edgewood
Suite, Apt. #, etc.
Suite 110

City & State
Lakeland, FL

City & State
Lakeland, FL

Zip
33803

Country

Zip
33803

Country

4. FEI Number **59-3542141**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**OCAMPOS, RODRIGO R
2084 EAST EDGEWOOD
LAKELAND FL 33803**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2039 E. Edgewood Dr.

Suite 110

City

Lakeland

FL

Zip Code

33803

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, 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 **PT** ☐ Delete
NAME **OCAMPOS, RODRIGO R**
STREET ADDRESS **2084 EAST EDGEWOOD**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **PT** ☐ Delete
NAME **OCAMPOS, BERNADETTE**
STREET ADDRESS **2084 EAST EDGEWOOD**
CITY-ST-ZIP **LAKELAND FL 33803**

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 **P** ☐ Change ☐ Addition
NAME
STREET ADDRESS **2039 E. Edgewood Dr - Suite 110**
CITY-ST-ZIP **Lakeland, FL 33803**

TITLE **VP** ☐ Change ☐ Addition
NAME
STREET ADDRESS **2039 E. Edgewood Dr. Suite 110**
CITY-ST-ZIP **Lakeland, FL 33803**

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 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:

Bernadette Ocampos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-03

Date

863-6651185

Daytime Phone #

CR2E034 (10/02)