2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

01-18-2005 90051 043 ***150.00

01112005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000107606

1. Entity Name
A.M.A. THERAPY, INC.

Principal Place of Business	Mailing Address
C/O MICHAEL B. UDELL 5745 S UNIVERSITY DR DAVIE, FL 33328	1040 SW 93RD TERRACE PLANTATION, FL 33324

2. Principal Place of Business	3. Mailing Address
1040 SW 93rd terrace	1040 SW 93rd terrace
Suite, Apt. #, etc.: Plantation, FL	Suite, Apt. #, etc.
City & State: 33324 U.S.	City & State: Plantation, FL
Zip / Country	Zip: 33324 Country: US

4. FEI Number: 65-0898911 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UDELL, MICHAEL B
5400 S. UNIVERSITY DR.
SUITE 117
DAVIE, FL 33328

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 Renee M Graziadei
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, 2005 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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRAZIADEI, RENEE M		NAME		
STREET ADDRESS	1040 SW 93RD TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 2/5/05 9545939202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #