FILED
Mar 22, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

P99000060183

1. Entity Name
PROFESSIONAL THERAPEUTIC HEALTH CARE, INC.

Principal Place of Business	Mailing Address
1979 S. MILITARY TRAIL WEST PALM BEACH, FL 33415	1979 S. MILITARY TRAIL WEST PALM BEACH, FL 33415

DO NOT WRITE IN THIS SPACE

03162006

4. FEI Number
65-0943765

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75**

6. Name and Address of Current Registered Agent

DOMINGUEZ, ALEIDA V
7460 EAST PLUMOSA LANE
LAKE WORTH, FL 33467

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00**

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	DOMINGUEZ, ALEIDA
STREET ADDRESS	7460 EAST PLUMOSA LANE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	VPD
NAME	DOMINGUEZ, ALEIDA
STREET ADDRESS	7460 EAST PLUMOSA LANE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/06/06-80007-005 150.00

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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: _____ 3/16/03 (561) 386-0329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

964-2526