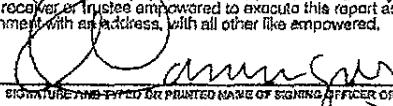


FILED
Mar 22, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

P99000060183		
1. Entity Name PROFESSIONAL THERAPEUTIC HEALTH CARE, INC.		
Principal Place of Business 1979 S. MILITARY TRAIL WEST PALM BEACH, FL 33415		Mailing Address 1979 S. MILITARY TRAIL WEST PALM BEACH, FL 33415
DO NOT WRITE IN THIS SPACE		
		03162006 00000000 000000000000
4. FEI Number 65-0943765		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75		0000000000
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE _____		
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 NAME STREET ADDRESS CITY-ST-ZIP	PST DOMINGUEZ, ALEIDA 7460 EAST PLUMOSA LANE LAKE WORTH, FL 33467	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOMINGUEZ, ALEIDA 7460 EAST PLUMOSA LANE LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: 		3/16/03 (561) 386-0329 964-2526 Daytime Phone #