

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-15-2001 90028 022 ***150.00

DOCUMENT # P99000092273

1. Entity Name

ST.MARTIN THERAPY CENTER, CORP.

Principal Place of Business

Mailing Address

12490 N.E. 7th Ave
Suite # 222
North Miami FL 33161

19900 N.W. 37TH AVENUE
#F149
MIAMI FL 33056

2. Principal Place of Business

3. Mailing Address

12490 N.E. 7th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

222

City & State

City & State

No. MIAMI, FLORIDA

4. FEI Number 65-0955195

Applied For
Not Applicable

Zip 33161

Country MIAMI-DADE

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, ANTONIO
19900 N.W. 37TH AVENUE
#F149
MIAMI FL 33056

Name
Street
City FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

Table with 3 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD DAVILA, NOELIA; VPT RAMIREZ, DOMINGO JR; SD RAMIREZ, CLARA G.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 3 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row includes VPT ANTONIO RODRIGUEZ.

13. 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...

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten signature: Noelia Davila

Handwritten date: 2/12/01

Handwritten phone number: 305-893-5400

CR2E034 (10/00)