

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90573 038 ***150.00

DOCUMENT # P99000092273

1. Entity Name
ST.MARTIN THERAPY CENTER, CORP.

Principal Place of Business

12490 NE 7TH AVE #222
 MIAMI FL 33161

Mailing Address

12490 NE 7TH AVE #222
 MIAMI FL 33161

2. Principal Place of Business

same

3. Mailing Address

SAME

Suite, Apt. #, etc.

same

Suite, Apt. #, etc.

same

City & State

same

City & State

same

4. FEI Number

65-0955195

Applied For

Not Applicable

Zip

33141

Country

FL

Zip

same

Country

same

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 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	DAVILA, NOELIA		
19900 N.W. 37TH AVENUE #F149			
MIAMI FL 33056			
VPT	RODRIGUEZ, ANTONIO		
19900 NW 37TH AVE #F-149			
MIAMI FL 33056			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Noelia Davila*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02 *305 893-5400*
 Date Daytime Phone #

CR2E034 (9/01)