


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90066 036 \*\*\*150.00

**DOCUMENT # P99000092273**

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



Principal Place of Business      Mailing Address

19900 NW. 37 AVE.      19900 NW. 37 AVE.  
 F 149      F 149  
 OPA LOCKA FL 33056      OPA LOCKA FL 33056

**34045813**



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address

*8800 NW 22nd Ave*      *same*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

*Miami Florida*

4. FEI Number      Applied For

**65-0955195**      Not Applicable

Zip      Country      Zip      Country

*33147*

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

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVILA, NOELIA <i>Rodriguez</i>	
STREET ADDRESS	19900 N.W. 37TH AVENUE #F149	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ANTONIO	
STREET ADDRESS	19900 NW 37TH AVE #F-149	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Noelia Davila Rodriguez</i>	
STREET ADDRESS	<i>add last name</i>	
CITY-ST-ZIP	<i>Rodriguez</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** *Noelia Davila Rodriguez*      *4/1/04*      \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #