2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 29, 2005 08:00 AM Secretary of State DOCUMENT # P99000092273 1. Entity Name ST.MARTIN THERAPY CENTER, CORP. Mailing Address Principal Place of Business 8800 NW 22ND AVE 19900 NW. 37 AVE. MIAMI FL 33147 OPA LOCKA FL 33056 2. Principal Place of Business 3. Mailing Address Suite Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0955195 Not Applicable Ζip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, ANTONIO 19900 N.W. 37TH AVENUE Street Address (P.O. Box Number is Not Acceptable) #F149 **MIAMI FL 33056** Zip Code 3. 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 reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change □ Addition Delete TITLE TITLE RODRIGUEZ, DAVILA NOELIA NAME U00000341814 04/29/05-80031-004 150.00 MAME STREET ADDRESS 19900 N.W. 37TH AVENUE #F149 STREET ADDRESS CITY - ST - ZIP MIAMI FL 33056 CHY-SI-ZIP Change ☐ Addition THE TITLE ☐ Delete RODRIGUEZ, ANTONIO NAME NAME STREET ADDRESS STREET ADDRESS 19900 NW 37TH AVE #F-149 CITY-ST-ZIP MIAMI FL 33056 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Delete HILE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete THE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED