

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90106 037 ***150.00

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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~~

Changed

changed

2. Principal Place of Business
19900 NW 37AVE
Suite, Apt. #, etc. **F149**

3. Mailing Address
19900 NW 37AVE
Suite, Apt. #, etc. **F149 Opa Locka**

City & State
Florida, Opa Locka

City & State
Florida 33056

Zip **33056** Country **Dade**

Zip **33056** Country **Dade**

4. FEI Number **65-0955195**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



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. 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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **DAVILA, NOELIA**
STREET ADDRESS **19900 N.W. 37TH AVENUE #F149**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPT** Delete
NAME **RODRIGUEZ, ANTONIO**
STREET ADDRESS **19900 NW 37TH AVE #F-149**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03. President
Date Daytime Phone #

CR2E034 (10/02)