

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90605 045 \*\*\*150.00

0421799 AV

**DOCUMENT # S23002**

1. Entity Name

**SOM THERAPY & ASSOCIATES, INC.**



Principal Place of Business

~~117 EAST CENTRAL BLVD~~  
~~LANTANA FL 33462~~  
US

Mailing Address

~~117 EAST CENTRAL BLVD~~  
~~LANTANA FL 33462~~  
US

2. Principal Place of Business

**1850 FOREST HILL BLVD**

3. Mailing Address

Suite, Apt. #, etc.

**SAME**

Suite, Apt. #, etc.

**204-A**

City & State

**WEST PALM BEACH, FL**

City & State

Zip

**33406**

Country

**USA**

Country

4. FEI Number

**65-0241814**

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

~~HEREC, DIANA KIP~~  
~~117 CENTRAL BLVD., EAST~~  
~~LANTANA FL 33462~~

7. Name and Address of New Registered Agent

Name **TIMOTHY M. DECKERT CPA**

Street Address (P.O. Box Number is Not Acceptable)

**1850 FOREST HILL BLVD., Suite 204-A**

City

**WEST PALM BEACH,**

FL

Zip Code

**33406**

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

*Timothy M. Deckert*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/14/03**

**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

TITLE	VT	<input type="checkbox"/> Delete
NAME	HEREC, ALLAN T.	
STREET ADDRESS	117 CENTRAL BLVD EAST	
CITY-ST-ZIP	LANTANA FL 33462-4803	
TITLE	PS	<input type="checkbox"/> Delete
NAME	HEREC, DIANA KIP	
STREET ADDRESS	117 CENTRAL BLVD EAST	
CITY-ST-ZIP	LANTANA FL 33462-4803	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	208 PINE HAV CIRCLE, A-1	
CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	208 PINE HAV CIRCLE, A-1	
CITY-ST-ZIP	GREENACRES, FL 33463	
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		
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:

*Timothy M. Deckert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-03**

Date

Daytime Phone #

CR2E034 (10/02)