

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000066723

FILED  
Feb 03, 2011  
Secretary of State

**Entity Name:** THERAPARTNERS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

9350 S.W. 72 ST.  
SUITE 100  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9350 S.W. 72 ST.  
SUITE 100  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 65-1022737      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LECUSAY, ALAIN PA  
28 W. FLAGLER ST  
SUITE 601  
MIAMI, FL 33130 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ROSALES, AMERICO  
Address: 9350 SW 72ND STREET, SUITE 100  
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AMERICO ROSALES

D

02/03/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date