

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000103756

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** CADENZA CENTER FOR PSYCHOTHERAPY & THE ARTS, INC.

**Current Principal Place of Business:**

210 S. FEDERAL HWY  
302  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

210 S. FEDERAL HWY  
302  
HOLLYWOOD, FL 33020 UN

**Current Mailing Address:**

210 S. FEDERAL HWY  
302  
HOLLYWOOD, FL 33020

**New Mailing Address:**

210 S. FEDERAL HWY  
302  
HOLLYWOOD, FL 33020 UN

**FEI Number:** 65-1051655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REITMAN, MICHELLE R PSYD  
1115 NORTH 14 AVE  
HOLLYWOOD, FL 33020 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: PSTD  
Name: REITMAN, MICHELLE R PSYD  
Address: 1115 NORTH 14TH AVENUE  
City-St-Zip: HOLLYWOOD, FL 33020

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: MICHELLE R REITMAN

PSTD

02/10/2012

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

\_\_\_\_\_  
Date