

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000055224

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: DORAL THERAPY SERVICES, INC.

## Current Principal Place of Business:

1200 NW 78 AVE STE 114  
MIAMI, FL 33126

## New Principal Place of Business:

1200 NW 78 AVE STE 114  
DORAL, FL 33126

## Current Mailing Address:

1200 NW 78 AVE STE 114  
MIAMI, FL 33126

## New Mailing Address:

1200 NW 78 AVE STE 114  
DORAL, FL 33126

FEI Number: 81-0551965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTINEZ, BRENDA  
1200 NW 78 AVE  
114  
MIAMI, FL 33144 US

## Name and Address of New Registered Agent:

MARTINEZ, BRENDA  
1200 NW 78 AVE  
114  
DORAL, FL 33126 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: DURTE, MAIRA  
Address: 1200 NW 78 AVE STE 114  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: DUARTE, MAIRA  
Address: 1200 NW 78 AVE STE 114  
City-St-Zip: MIAMI, FL 33126

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: DUARTE, MAIRA  
Address: 1200 NW 78 AVE STE 114  
City-St-Zip: DORAL, FL 33126

Title: D (X) Change ( ) Addition  
Name: DUARTE, MAIRA  
Address: 1200 NW 78 AVE STE 114  
City-St-Zip: DORAL, FL 33126

Title: V ( ) Change (X) Addition  
Name: MARTINEZ, BRENDA  
Address: 1200 NW 78 AVE, SUITE 114  
City-St-Zip: DORAL, FL 33126 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAIRA DUARTE

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date