

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000084155

FILED
Mar 24, 2009
Secretary of State

Entity Name: MULTILINGUAL PSYCHOTHERAPY CENTERS, INC.

Current Principal Place of Business:

1639 FORUM PLACE
SUITE #7
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

1639 FORUM PLACE
SUITE #7
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 65-0789015 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GORDON, ERIC A ESQ.
420 S ORANGE AVE.
9TH FLOOR
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CABRAL, MARIA I
Address: 236 BLOOMFIELD DR
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: T () Delete
Name: CABRAL, CESAR R JR.
Address: 224 DANVILLE DR.
City-St-Zip: ORLANDO, FL 32825

Title: S () Delete
Name: PAJARES, ALICIA B LCSW
Address: 7511 EDGEWATER CIRCLE
City-St-Zip: LAKE CLARKE SHORES, FL 33406

Title: D () Delete
Name: CROSBY, FRANCIS X PSY.D
Address: 130 NW 37TH WAY
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: DORANTE, JOSE MIGUEL
Address: 156 FERNWOOD CRESCENT
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSE MIGUEL DORANTE

D

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date