

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000084155

FILED
Feb 21, 2012
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 ()**

Name and Address of Current Registered Agent:

CABRAL, CESAR R JR.
224 DANVILLE DR.
ORLANDO, FL 32825 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: P
Name: CABRAL, MARIA I
Address: 236 BLOOMFIELD DR
City-St-Zip: WEST PALM BEACH, FL 33405 US

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

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

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

Title: D
Name: DORANTE, JOSE MIGUEL
Address: 478 COTTAGEWOOD LN.
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: JOSE M DORANTE

D

02/21/2012

Electronic Signature of Signing Officer or Director

Date