

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005065

**Entity Name:** A BETTER DAY THERAPY CENTER INCORPORATED

**Current Principal Place of Business:**

9600 NW 25 STREET  
SUITE 1  
DORAL, FL 33172

**Current Mailing Address:**

P. O. BOX 228224  
MIAMI, FL 33222-8224 US

**FEI Number:** 26-2783207

**Certificate of Status Desired:** No

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

BOUZA-MERIDA, CARIDAD  
9600 NW 25 STREET  
SUITE 1  
DORAL, FL 33172 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PDT  
Name BOUZA-MERIDA, CARIDAD  
Address 9600 NW 25 STREET #1  
City-State-Zip: DORAL FL 33172

Title VSD  
Name MERIDA, JOSE A  
Address 9600 NW 25 STREET #1  
City-State-Zip: DORAL FL 33172

Title D  
Name SARMIENTO, EMMANUEL  
Address 2900 NW 111 AVENUE #1  
City-State-Zip: DORAL FL 33172

Title D  
Name LOPEZ, CARMEN  
Address 2900 NW 111 AVENUE #1  
City-State-Zip: DORAL FL 33172

Title D  
Name BUCHANAN, CHRISTOPHER  
Address 4505 SW 22 STREET  
City-State-Zip: FORT LAUDERDALE FL 33317

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARIDAD BOUZA-MERIDA

**PRESIDENT**

**05/19/2020**

Electronic Signature of Signing Officer/Director Detail

Date