

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005100

Entity Name: A CHANCE FOR THERAPY, INC.**Current Principal Place of Business:**260 CRANDON BOULEVARD 32-222
KEY BISCAINE, FL 33149**Current Mailing Address:**260 CRANDON BOULEVARD
32-222
KEY BISCAINE, FL 33149**FEI Number:** 80-0414175**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BIGNON, SYLVAIN R
3468 MAIN HIGHWAY
MIAMI, FL 33149 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 PRESIDENT, TREASURER

Name BERBERIAN, MAIDA

Address 401 HARBOR DRIVE

City-State-Zip: KEY BISCAINE FL 33149

Title S

Name FERNANDEZ, IVETTE

Address 240 CRANDON BLVD., # 287

City-State-Zip: KEY BISCAINE FL 33149

Title DIRECTOR

Name STEVENS, ANABEL

Address 462 WOODCREST ROAD

City-State-Zip: KEY BISCAINE FL 33149

Title DIRECTOR

Name CITRON, BEA

Address 2627 SOUTH BAYSHORE DR
UNIT 1406

City-State-Zip: MIAMI FL 33133

Title VP

Name OCARANZA, MARTHA

Address 765 CRANDON BOULEVARD, APT 312

City-State-Zip: KEY BISCAINE FL 33149

Title DIRECTOR

Name SMITH, RILEY

Address 3617 BOUGAINVILLEA ROAD

City-State-Zip: MIAMI FL 33133

Title DIRECTOR

Name BONA, PATRICIA

Address 781 CRANDON BLVD
APT 703

City-State-Zip: KEY BISCAINE FL 33149

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: MAIDA BERBERIAN**PRESIDENT****03/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date