

2016 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 BISCAYNE, FL 33149**Current Mailing Address:**260 CRANDON BOULEVARD
32-222
KEY BISCAYNE, FL 33149 US**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 BISCAYNE FL 33149

Title F
Name FERNANDEZ, IVETTE
Address 574 CRANDON BLVD
 #613
City-State-Zip: KEY BISCAYNE FL 33149

Title DT
Name STEVENS, ANABEL
Address 462 WOODCREST ROAD
City-State-Zip: KEY BISCAYNE 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 BISCAYNE 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 BISCAYNE 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****01/27/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date