

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000169482

**Entity Name:** CHILDREN'S THERAPY CENTER, INC.

**Current Principal Place of Business:**

6356 MANOR LANE  
STE 102  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

14000 SW 152 PLACE  
MIAMI, FL 33196 US

**FEI Number:** 20-2020526

**Certificate of Status Desired:** No

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

LOPEZ, JAVIER A  
6356 MANOR LANE  
STE 102  
SOUTH MIAMI, FL 33143 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	P, S	Title	VP,T
Name	LOPEZ, JAVIER A	Name	LOPEZ, ISMARY
Address	14000 SW 152 PLACE	Address	14000 SW 152 PLACE
City-State-Zip:	MIAMI FL 33196	City-State-Zip:	MIAMI FL 33196

*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:** JAVIER A. LOPEZ

**PRESIDENT**

**03/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date