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

Electronic Signature of Signing Officer/Director Detail

03/17/2014

DOCUMENT# P04000169482

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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

Name and Address of Current Registered Agent:

LOPEZ, JAVIER A 6356 MANOR LANE STE 102 SOUTH MIAMI, FL 33143 US

Certificate of Status Desired: No

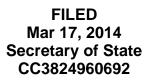
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

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



Date

Date