

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000065331

Entity Name: ONE SOLUTION THERAPY OF MIAMI,INC

Current Principal Place of Business:

1647 SW 27 AVE
MIAMI, FL 33145

Current Mailing Address:

1647 SW 27 AVE
MIAMI, FL 33145

FEI Number: 27-3205549

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RUSSELL , CATHERINE N
1647 SW 27 AVE
MIAMI, FL 33145 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: CATHERINE NICOLE RUSSELL

01/15/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name RUSSELL , CATHERINE N
Address 1627 SW 27 AVE
City-State-Zip: MIAMI FL 33145

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: CATHERINE N RUSSELL

OWNER

01/15/2015

Electronic Signature of Signing Officer/Director Detail

Date