

**2014 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: No**

**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

01/31/2014

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 NICOLE RUSSELL

**PRESIDENT**

01/31/2014

Electronic Signature of Signing Officer/Director Detail

Date