

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000065331

Entity Name: ONE SOLUTION THERAPY OF MIAMI, INC

Current Principal Place of Business:

8300 WEST FLAGLER
STE 124
MIAMI, FL 33144

Current Mailing Address:

8300 WEST FLAGLER
STE 124
MIAMI, FL 33144

FEI Number: 27-3205549

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRIAL-CARRASCO, DR LUCILLE
8300 WEST FLAGLER
#124
MIAMI, FL 33144 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
Name MATOS, JUAN LUIS
Address 8300 W FLAGLER, STE 124
City-State-Zip: MIAMI FL 33144

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: JUAN LUIS MATOS

P

02/11/2013

Electronic Signature of Signing Officer/Director Detail

Date