

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J61718

Entity Name: PSYCHOTHERAPY, INC.

FILED
Feb 04, 2011
Secretary of State

Current Principal Place of Business:

6390 NW 47 CT
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

6390 NW 47 CT
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 59-2785188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFSON, ANDREA
4491 S. STATE ROAD SEVEN
SUITE 314
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: WOLFSON, DOROTHY
Address: 6390 NW 47 CT
City-St-Zip: CORAL SPRINGS, FL 33067

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: DOROTHY WOLFSON

PD

02/04/2011

Electronic Signature of Signing Officer or Director

Date