

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90415 022 ***150.00

DOCUMENT # M54530

1. Entity Name
CENTER FOR PEDIATRIC THERAPY, INC.



Principal Place of Business
2801 PONCE DE LEON BLVD
SUITE 250
CORAL GABLES, FL 33134 US

Mailing Address
2801 PONCE DE LEON BLVD
SUITE 250
CORAL GABLES, FL 33134 US

2. Principal Place of Business - No P.O. Box #
2645 SW 37th Ave
Suite, Apt. #, etc.
SUITE 304
City & State
Miami, FL
Zip
33133 Country
USA

3. Mailing Address
2645 SW 37th Avenue
Suite, Apt. #, etc.
SUITE 304
City & State
Miami, FL
Zip
33133 Country
USA



04012007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2830735 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MELAMED, ELLIOT
12460 WEST ATLANTIC BLVD
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLD, LOIS 10121 SW 57TH CT. CORAL GABLES, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, ADRIENNE 3803 IRVINGTON AVE. COCONUT GROVE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Adrienne Peters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07 305-448-7101
Date Daytime Phone #