

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M54530

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** CENTER FOR PEDIATRIC THERAPY, INC.

**Current Principal Place of Business:**

2645 SW 37TH AVE  
SUITE 304  
MIAMI, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

2645 SW 37TH AVE  
SUITE 304  
MIAMI, FL 33133 US

**New Mailing Address:**

**FEI Number:** 59-2830735      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MELAMED, ELLIOT  
12460 WEST ATLANTIC BLVD  
CORAL SPRINGS, FL 33071 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GOLD, LOIS  
Address: 10121 SW 57TH CT.  
City-St-Zip: CORAL GABLES, FL

Title: D  
Name: PETERS, ADRIENNE  
Address: 3803 IRVINGTON AVE.  
City-St-Zip: COCONUT GROVE, FL

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: LOIS GOLD

D

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date