

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005100

FILED  
Feb 03, 2012  
Secretary of State

**Entity Name:** A CHANCE FOR THERAPY, INC.

**Current Principal Place of Business:**

260 CRANDON BOULEVARD  
32-222  
KEY BISCAINE, FL 33149

**New Principal Place of Business:**

240 CRANDON BOULEVARD  
SUITE 287  
KEY BISCAINE, FL 33149

**Current Mailing Address:**

260 CRANDON BOULEVARD  
32-222  
KEY BISCAINE, FL 33149

**New Mailing Address:**

FEI Number: 80-0414175      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BIGNON, SYLVAIN R  
3468 MAIN HIGHWAY  
MIAMI, FL 33149 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: VP,T  
Name: BERBERIAN, MAIDA A  
Address: 401 HARBOR DRIVE  
City-St-Zip: KEY BISCAINE, FL 33149

Title: VP  
Name: OCARANZA, MARTHA  
Address: 765 CRANDON BOULEVARD, APT 312  
City-St-Zip: KEY BISCAINE, FL 33149

Title: S  
Name: FERNANDEZ, IVETTE  
Address: 240 CRANDON BLVD., # 287  
City-St-Zip: KEY BISCAINE, FL 33149

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAIDA BERBERIAN

VP

02/03/2012

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

\_\_\_\_\_  
Date