

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009222

FILED
Jan 05, 2012
Secretary of State

Entity Name: BLOSSOMS THERAPY CENTER, INC.

Current Principal Place of Business:

3111 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2933 S.W. 3RD AVENUE
MIAMI, FL 33129

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORENFELD, ADAM S
2451 BRICKELL AVENUE
15E
MIAMI, FL 33129 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
Name: BURCH, JENNIFER
Address: 8620 SW 184TH TERRACE
City-St-Zip: MIAMI, FL 33159

Title: P
Name: URIBE-ORRETT, CLAUDIA
Address: 2451 BRICKELL AVENUE #11J
City-St-Zip: MIAMI, FL 33129

Title: T
Name: FREDERICK, MARIA HELENA
Address: 50 BISCAYNE BLVD., #3001
City-St-Zip: MIAMI, FL 33132

Title: D
Name: PETERSON, TOM
Address: 5770 MILLER RD
City-St-Zip: MIAMI, FL 33155

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: CLAUDIA URIBE-ORRETT

P

01/05/2012

Electronic Signature of Signing Officer or Director

Date