

P 00000024431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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M. Ra Ch

American Therapeutic Association

September 21, 2005

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Change of Address for Director of American Therapeutic Association, Inc.

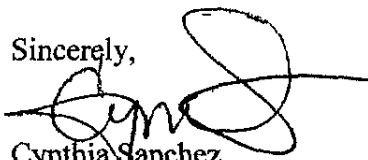
This is in regards to above referenced matter, I would like to change the address of the Director of American Therapeutic Association.

The **old** address is: 691 S.W. 123rd Court, Miami, Florida 33184

The **new** address is: 8324 S.W. 8th Street, Miami, Florida 33144.

Thank you for your attention to this matter. Any questions can be directed to the undersigned.

Sincerely,



Cynthia Sanchez
For American Therapeutic Association

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN Therapeutic Association
(Name of Corporation)

DOCUMENT NUMBER: P000000024431

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cynthia Sanchez
(Name of Contact Person)

AMERICAN Therapeutic Association
(Firm/Company)

8324 S.W. 8th Street
(Address)

MIAMI, FL 33144
(City/State and Zip Code)

For further information concerning this matter, please call:

Cynthia Sanchez at 305 266-9549
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AMERICAN THERAPEUTIC ASSOCIATION, INC.
2. The principal office address: 8324 S.W. 8th Street, Miami, FL 33144
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 03/03/000 Document number: 000000024431
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Cynthia Sanchez
691 S.W. 123 CT.
Miami, FL 33184

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cynthia Sanchez
8324 S.W. 8th Street
(P.O. Box NOT acceptable)
Miami, FL 33144

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

Cynthia Sanchez
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

9-21-05
(Date)

If signing on behalf of an entity:

Cynthia Sanchez
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***