

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000024431

FILED
May 01, 2007
Secretary of State

Entity Name: AMERICAN THERAPEUTIC ASSOCIATION, INC.

Current Principal Place of Business:

8300 S.W. 8TH STREET, SUITE 105
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8300 S.W. 8TH STREET, SUITE 105
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-0990498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, CYNTHIA
8324 SW 8TH STREET
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

SANCHEZ, CYNTHIA
8300 SW 8TH STREET
SUITE 105
MIAMI, FL 33144 US

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: CYNTHIA SANCHEZ

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANCHEZ, CYNTHIA
Address: 8324 S.W. 8TH STREET
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SANCHEZ, CYNTHIA
Address: 8300 S.W. 8TH STREET, SUITE 105
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CYNTHIA SANCHEZ

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date