2009 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Jan 21, 2009 Secretary of State

Entity Name: CADENZA CENTER FOR PSYCHOTHERAPY & THE ARTS, INC.

Current Principal Place of Business: New Principal Place of Business: 210 S. FEDERAL HWY 302 HOLLYWOOD, FL 33020 **New Mailing Address: Current Mailing Address:** 210 S. FEDERAL HWY HOLLYWOOD, FL 33020 FEI Number: 65-1051655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REITMAN, MICHELLE REITMAN, MICHELLE R PSYD 1115 NORTH 14 AVE 1115 NORTH 14 AVE HOLLYWOOD, FL 33020 US HOLLYWOOD, FL 33020 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: MICHELLE R. REITMAN 01/21/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete Title: () Change () Addition REITMAN, MICHELLE R PSYD Name: Name: 1115 NORTH 14TH AVENUE Address: Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: () Delete Title: VΡ Title: () Change () Addition REITMAN, ALAN D PHD Name: Name: 1115 NORTH 14TH AVENUE Address: Address: HOLLYWOOD, FL 33020 City-St-Zip: City-St-Zip:

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: MICHELLE R. REITMAN PRES 01/21/2009