

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000024397

FILED
Apr 29, 2009
Secretary of State**Entity Name:** DYNAMIC THERAPY SERVICES, INC.**Current Principal Place of Business:**7870 SW 127 DR.
MIAMI, FL 33183**New Principal Place of Business:****Current Mailing Address:**7870 SW 127 DR.
MIAMI, FL 33183**New Mailing Address:****FEI Number:** 65-1088981**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BERNARD, ANTHONY
9032 SW 152ND ST.
MIAMI, FL 33157 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:** DP () Delete
Name: ASSEE, RONALD
Address: 7870 SW 127 DR.
City-St-Zip: MIAMI, FL 33183**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP () Change (X) Addition
Name: ASSEE, SHEILA M
Address: 11234 SW 169 ST
City-St-Zip: MIAMI, FL 33157

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: RONALD ASSEE

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date