

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039305

FILED
Apr 28, 2011
Secretary of State

Entity Name: COMPLETE THERAPY USA INC.

Current Principal Place of Business:

2627 NE 203 STREET
110
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2627 NE 203 STREET
110
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 03-0422491 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NEIMAN, JUDITH B
2350 NE 202 STREET
NORTH MIAMI BCH., FL 33180 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: P
Name: NEIMAN, JUDITH B
Address: 2350 NE 202 STREET
City-St-Zip: NORTH MIAMI BCH., FL 33180

Title: V
Name: NEIMAN, FABIAN G
Address: 2350 NE 202 STREET
City-St-Zip: NORTH MIAMI BCH., FL 33180

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FABIAN NEIMAN

V

04/28/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date