

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024378

FILED
Jul 15, 2004
Secretary of State

Entity Name: THERAPEUTIC ALLIANCE SERVICES INCORPORATOR

Current Principal Place of Business:

147 ALHAMBRA CIRCLE STE 205
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

147 ALHAMBRA CIRCLE STE 205
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 57-1154021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BODAN, DAYRA PSY. D.
147 ALHAMBRA CIRCLE STE 205
CORAL GABLES, FL 33134

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

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: PV () Delete
Name: BODAN, DAYRA PSY. D.
Address: 147 ALHAMBRA CIRCLE STE 205
City-St-Zip: CORAL GABLES, FL 33134

Title: ST () Delete
Name: MARTIN, MARIA LMHC
Address: 147 ALHAMBRA CIRCLE STE 205
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAYRA BODAN, PSY.

PV

07/15/2004

Electronic Signature of Signing Officer or Director

Date