

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000059905
 1. Entity Name
THERAPY ASSOCIATES OF AMERICA INC.



Principal Place of Business Mailing Address
9306 CHELSEA DRIVE NORTH **9306 CHELSEA DRIVE NORTH**
PLANTATION, FL 33324 **PLANTATION, FL 33324**



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0272447 Applied For
 Not Applicable

5. Certificate of Status Desired **\$6.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LERNER, EDWARD M
9306 CHELSEA DRIVE NORTH
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

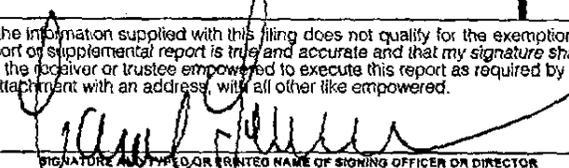
10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD LERNER, CAROL J 9306 CHELSEA DRIVE NORTH PLANTATION, FL 33324 |
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 02/07/06-80072-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date _____ Daytime Phone # _____