2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 28, 2009
Secretary of State

DOCUMENT# P04000060788

Entity Name: THERAPEUTIC CARE CENTER, INC

Current Principal Place of Business:

14730 NE 10 AVE
MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

14730 NE 10 AVE
MIAMI, FL 33161 US

New Mailing Address:

FEI Number: 65-0620350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERA, OLGA AWILDA
14730 NE 10TH AVE
MIAMI, FL 33161 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: THERAPEUTIC CARE CENTER
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: P ( ) Delete
Name: RIVERA, OLGA AWILDA
Address: 14730 NE 10TH AVE
City-St-Zip: MIAMI, FL 33161 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
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: OLGA AWILDA RIVERA P 09/28/2009
Electronic Signature of Signing Officer or Director Date