

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000084285

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: THERAPY ASSOCIATES OF SOUTH FLORIDA, INC.

## Current Principal Place of Business:

6595 NW 36TH ST #305-2  
MIAMI, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

6595 NW 36TH ST #305-2  
MIAMI, FL 33166

## New Mailing Address:

FEI Number: 65-1226643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LLORENTE, JEZABEL ESQ  
TEW CARDENAS LLP, 4 SEASONS TOWER 15 FLR  
1441 BRICKELL AVENUE  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

UTRERA, NATALIA V  
SPIEGEL& UTRERA PA, 1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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: NATALIA UTRERA, ESQ.

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MONTAGNER, JENNY  
Address: 6595 NW 36TH ST #305-2  
City-St-Zip: MIAMI, FL 33166

Title: V ( ) Delete  
Name: TROFIBIO, KATHERINE  
Address: 6595 NW 36TH ST #305-2  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change ( ) Addition  
Name: TROFIBIO, KATHERINE A  
Address: 6595 NW 36TH ST #305-2  
City-St-Zip: MIAMI, FL 33166

Title: ST (X) Change ( ) Addition  
Name: TROFIBIO, ANA E  
Address: 6595 NW 36TH ST #305-2  
City-St-Zip: MIAMI, FL 33166

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: ANA ELSA TROFIBIO

ST

04/24/2009

Electronic Signature of Signing Officer or Director

Date