

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122606

Entity Name: CLINICAL THERAPY ASSOCIATES INC.

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

8910 MIRAMAR PARKWAY
SUITE 308
MIRAMAR, FL 33025 US

New Principal Place of Business:

8910 MIRAMAR PARKWAY
SUITE 100B
MIRAMAR, FL 33025 US

Current Mailing Address:

13711 NEWPORT MANOR
DAVIE, FL 33325 US

New Mailing Address:

FEI Number: 27-0101806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, BARBARA D
13711 NEWPORT MANOR
DAVIE, FL 33325 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

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: PRES () Delete
Name: HAYES, BARBARA D
Address: 13711 NEWPORT MANOR
City-St-Zip: DAVIE, FL 33325 US

Title: VP () Delete
Name: MURRAY, AMANDA J
Address: 13711 NEWPORT MANOR
City-St-Zip: DAVIE, FL 33325 FL

Title: SEC () Delete
Name: MURRAY, ANDREA I
Address: 13711 NEWPORT MANOR
City-St-Zip: DAVIE, FL 33325 US

Title: TREA () Delete
Name: MURRAY, AMANDA J
Address: 13711 NEWPORT MANOR
City-St-Zip: DAVIE, FL 33325 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: BARBARA HAYES

P

05/04/2009

Electronic Signature of Signing Officer or Director

Date