

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122606

FILED  
May 04, 2009  
Secretary of State

Entity Name: CLINICAL THERAPY ASSOCIATES INC.

## 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: TREAS ( ) 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