

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122606

FILED
May 02, 2010
Secretary of State

Entity Name: CLINICAL THERAPY ASSOCIATES INC.

Current Principal Place of Business:

8910 MIRAMAR PARKWAY
SUITE 100B
MIRAMAR, FL 33025 US

New Principal Place of Business:

2525 EMBASSY DRIVE
SUITE 10
COOPER CITY, FL 33026 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
Name: HAYES, BARBARA D
Address: 13711 NEWPORT MANOR
City-St-Zip: DAVIE, FL 33325 US

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BARBARA HAYES

PRES

05/02/2010

Electronic Signature of Signing Officer or Director

Date