2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2011
Secretary of State

DOCUMENT# P04000122606

Entity Name: CLINICAL THERAPY ASSOCIATES INC.

Current Principal Place of Business:

2525 EMBASSY DRIVE
SUITE 10
COOPER CITY, FL 33026 US

New Principal Place of Business:

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

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 05/01/2011

Electronic Signature of Signing Officer or Director Date