

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000088108

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** FULL CYCLE THERAPY, CORP.

**Current Principal Place of Business:**

1239 ALTON ROAD  
SUITE #4  
MIAMI BCH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

300 EUCLID AVE  
#102  
MIAMI BCH, FL 33139

**New Mailing Address:**

**FEI Number:** 20-3044632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRANCOIS, REGINA  
300 EUCLID AVE #102  
MIAMI BCH, FL 33139 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: DP  
Name: FRANCOIS, REGINA  
Address: 300 EUCLID AVE #102  
City-St-Zip: MIAMI BCH, FL 33139

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: REGINA FRANCOIS

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03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date