

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000105486

Entity Name: OCAS THERAPY CENTER, INC.

FILED
Jan 09, 2006
Secretary of State

Current Principal Place of Business:

6595 NW 36TH STREET
SUITE 206
VIRGINIA GARDENS, 33166

New Principal Place of Business:

6595 NW 36TH STREET
SUITE 206
VIRGINIA GARDENS, FL 33166

Current Mailing Address:

6595 NW 36TH STREET
SUITE 206
VIRGINIA GARDENS, 33166

New Mailing Address:

6595 NW 36TH STREET
SUITE 206
VIRGINIA GARDENS, FL 33166

FEI Number: 20-3214978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAMEJO, OSVALDO
7860 W 4TH LANE
HIALEAH, FL 33014 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALAZAR, ABISAI
Address: 8567 CORAL WAY, APT 332
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ABISAI SALAZAR

P

01/09/2006

Electronic Signature of Signing Officer or Director

Date