

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000115751

FILED
Apr 16, 2009
Secretary of State

Entity Name: PRECIOUS THERAPY & REHAB CENTER FOR KIDS INC.

Current Principal Place of Business:

8300 W FLAGLER STREET
SUITE 150
MIAMI, FL 33144

New Principal Place of Business:

4160 W 16 AVE
SUITE 210,211
HIALEAH, FL 33012

Current Mailing Address:

8300 W FLAGLER STREET
SUITE 150
MIAMI, FL 33144

New Mailing Address:

4160 W 16 AVE
SUITE 210,211
HIALEAH, FL 33012

FEI Number: 16-1730156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERERA, IDALMIS D
8300 W FLAGLER ST #150
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

CORTINA, YAMILKA
4160 W 16 AVE
SUITE 210,211
HIALEAH, FL 33012 US

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: YAMILKA CORTINA

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: PERERA, IDALMIS D
Address: 8300 W FLAGLER ST #150
City-St-Zip: MIAMI, FL 33144

Title: VTD () Delete
Name: CORTINA, YAMILKA
Address: 8300 W FLAGLER ST #150
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PERERA, IDALMIS D
Address: 4160 W 16 AVE SUITE 210,211
City-St-Zip: HIALEAH, FL 33012

Title: VST (X) Change () Addition
Name: CORTINA, YAMILKA
Address: 4160 W 16 AVE SUITE 210,211
City-St-Zip: HIALEAH, FL 33012

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: YAMILKA CORTINA

VST

04/16/2009

Electronic Signature of Signing Officer or Director

Date