

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000092791

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** THERAPY COUNSELING SERVICES, P.A.

**Current Principal Place of Business:**

330 W. SUGARLAND HWY.  
SUITE 10  
CLEWISTON, FL 33440

**New Principal Place of Business:**

601 W. ALVERDEZ AVE.  
CLEWISTON, FL 33440

**Current Mailing Address:**

P.O. BOX 385  
CLEWISTON, FL 33440

**New Mailing Address:**

P.O. BOX 144456  
CORAL GABLES, FL 33114

**FEI Number:** 26-0748126

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ, ALICIA PH.D.  
330 W. SUGARLAND HIGHWAY  
10  
CLEWISTON, FL 33440 US

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

PEREZ, ALICIA PH.D.  
2655 S. LEJEUNE ROAD  
5TH FLOOR  
CORAL GABLES, FL 33134 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: ALICIA PEREZ

01/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: PEREZ, ALICIA PH.D.  
Address: P. O. BOX 144456  
City-St-Zip: CORAL GABLES, FL 33114

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: ALICIA PEREZ

PST

01/17/2011

Electronic Signature of Signing Officer or Director

Date