

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000092791

FILED
Jan 17, 2012
Secretary of State

Entity Name: THERAPY COUNSELING SERVICES, P.A.

Current Principal Place of Business:

601 W. ALVERDEZ AVE.
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 144456
CORAL GABLES, FL 33114

New Mailing Address:

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.
2655 S. LEJEUNE ROAD
5TH FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PEREZ, ALICIA PH.D.
2655 S. LEJEUNE ROAD
3RD 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: _____

Electronic Signature of Registered Agent

01/17/2012

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

01/17/2012

Electronic Signature of Signing Officer or Director

Date