

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 11, 2009
Secretary of State**

DOCUMENT# P08000042896

Entity Name: DYNAMIC PEDIATRIC THERAPY, INC.

Current Principal Place of Business:

1011 SW 70TH WAY
N. LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

1011 SW 70TH WAY
N. LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 26-3019031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELANOVAL-MARTINEZ, ILEANA
1011 SW 70TH WAY
N. LAUDERDALE, FL 33068 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: CEO () Delete
Name: DELANOVAL-MARTINEZ, ILEANA
Address: 1011 SW 70TH WAY
City-St-Zip: N. LAUDERDALE, FL 33068

Title: CO (X) Delete
Name: MARTINEZ, DAVID
Address: 1011 SW 70TH WAY
City-St-Zip: N. LAUDERDALE, FL 33068

Title: OF () Delete
Name: BECKER-FONDO, MADALYN
Address: 10944 NW 19TH MANOR
City-St-Zip: CORAL SPRINGS,, FL 33071

Title: OF () Delete
Name: CASTRO, ARDEE
Address: 1231 NE 42 AVE
City-St-Zip: HOMESTEAD, VA 33033

Title: MM (X) Delete
Name: MADERA, SHERYL D
Address: 5804 NW 20TH COURT
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ILEANA DE LA NOVAL MARTINEZ

CEO

08/11/2009

Electronic Signature of Signing Officer or Director

_____ Date