

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000042896

FILED  
Sep 07, 2011  
Secretary of State

**Entity Name:** DYNAMIC PEDIATRIC THERAPY, INC.

**Current Principal Place of Business:**

922 N KROME AVE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

922 N KROME AVE  
HOMESTEAD, FL 33030

**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  
3581 NE 11 DR  
HOMESTEAD, FL 33033 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: PRES  
Name: DELANOVAL-MARTINEZ, ILEANA  
Address: 3581 NE 11 DR  
City-St-Zip: HOMESTEAD, FL 33033

Title: VP  
Name: CASTRO, ARDEE  
Address: 1231 NE 42 AVE  
City-St-Zip: HOMESTEAD, FL 33033

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: ILEANA MARTINEZ

PRES

09/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date