

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000005364

Entity Name: THERAPY ALLIANCE, INC.

FILED
Jan 17, 2011
Secretary of State

Current Principal Place of Business:

5979 NW 151ST STREET, STE 200
MIAMI LAKES, FL 33014 US

New Principal Place of Business:

5979 NW 151ST STREET, STE 108
MIAMI LAKES, FL 33014 US

Current Mailing Address:

5979 NW 151ST STREET, STE 200
MIAMI LAKES, FL 33014 US

New Mailing Address:

5979 NW 151ST STREET, STE 108
MIAMI LAKES, FL 33014 US

FEI Number: 80-0333154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUDRYJ, EMMANUEL
4730 SW 109 TERRACE
DAVIE, FL 33328 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: PS
Name: MUDRYJ, EMMANUEL
Address: 4730 SW 109 TERRACE
City-St-Zip: DAVIE, FL 33328 US

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: EMMANUEL MUDRYJ

PS

01/17/2011

Electronic Signature of Signing Officer or Director

Date