

## **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000005364

**Entity Name:** THERAPY ALLIANCE, INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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

Title: VP  
Name: MONTOTO, MARIA S  
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

04/26/2011

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

\_\_\_\_\_  
Date