

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000037843

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** HYPNOSIS INSTITUTE FOR PROGRESS INT'L, INC.

**Current Principal Place of Business:**

138 NE 2ND AVE STE 300  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

138 NE 2ND AVE STE 300  
MIAMI, FL 33132

**New Mailing Address:**

**FEI Number:** 94-3483720      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROTH, STEVEN  
111 3RD SAN MARINO TERRACE  
MIAMI BEACH, FL 33139 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:** DPVS  
**Name:** ROTH, STEVEN  
**Address:** 138 NE 2ND AVE STE 300  
**City-St-Zip:** MIAMI, FL 33132

**Title:** T  
**Name:** ROTH, STEVEN  
**Address:** 138 NE 2ND AVE STE 300  
**City-St-Zip:** MIAMI, FL 33132

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: STEVEN E. ROTH DMD.

PRES

04/30/2011

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

\_\_\_\_\_ Date