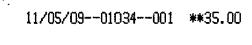
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RD 11/8/09

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: 1 am Therapy Center Inc. Name of Corporation					
DOCUMENT NUMBER: 514. 26-4305730					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Mancy Amar Name of Contact Person					
i an Therapy Center Pirm/Company					
300 S. Biscayne Rlvd #2502					
Miami / FLORIDA / 33131 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (786) 514-6658 Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section Street Address: Amendment Section					

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chan	rovisions of sections 607.03 ge is submitted for a corpo	ration organize	ed under the law	s of the State of	•	
in order	to change its registered off	fice or registere	ed agent, or both	, in the State of	Florida.	
1. The name of th	e corporation: i am	+herap	center	. 2ni		
2. The principal o	ffice address: NANC	Y AMAR	<u> 3∞5.</u>	Biscayne	Blvd # 2503	7
,	L 33131					
3. The mailing ad	dress (if different):	ling addre	s is the	Some as	, office addre	22
4. Date of incorpo	oration/qualification: <u>05</u> -	15-2009	Document n	umber: Eim:	26-43057 3 0	
	street address of the current ment of State: (If resigned,			l office on file w	rith the	
-	· · · · · · · · · · · · · · · · · · ·		(Noncy F	Juoc)	····	
-	335 S. Bisc	aune Blu	19-4-73-08		_	
-	Mioni, FL 3	3131			- 0 P	<u>)</u> ,
6. The name and s (if changed):	street address of the new re	gistered agent ((if changed) and	/or registered of	ffice by	1000 C
		<u>.</u>	(Noncy	Amor)	_ %	*\ \
-	300 S. Bisc	P.O. Box NOT &	coeptable	2	- 3	Ś
-	Mioni, Fl	33131			_	
The street addres as changed will b	s of its registered office ar be identical.	nd the street ad	ldress of the bus	siness office of	its registered agent,	
Such change was authorized by the	authorized by resolution board, or the corporation	duly adopted be has been notif	y its board of died in writing o	lirectors or by a of the change.	n officer so	
Macy t	of an officer or director		MANCY	A MAR	title	
I hereby accept to I further agree to of my duties, and document is bein corporation has i	he appointment as register comply with the provision I am familiar wilh and ac g filed merely to reflect a been notified in writing of	red agent and ins of all statute cept the obligation this change in the this change.	agree to act in i es relative to th ation of my posi registered office	this capacity. e proper and co ition as register : addraws, I hard	implete performance ed agent. Or, if this elsy confirm that the	
Now F	Jaco		11-01- 30	P0		
Wign:	iture of Registered Agent	 -		Date		
If signing on beh	alt of an entity:					
Туј	sed or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *