

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000052368

FILED  
Jan 07, 2010  
Secretary of State

Entity Name: GA THERAPY SERVICES, INC.

## Current Principal Place of Business:

3640 N.W. 9ST, APT #412  
MIAMI, FL 33125

## New Principal Place of Business:

8080 W FLAGLER STREET  
3D  
MIAMI, FL 33144

## Current Mailing Address:

3640 N.W. 9ST, APT #412  
MIAMI, FL 33125

## New Mailing Address:

8080 W FLAGLER STREET  
3D  
MIAMI, FL 33144

FEI Number: 80-0427442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ABAD, GALIA  
3640 N.W. 9ST, APT #412  
MIAMI, FL 33125 US

## Name and Address of New Registered Agent:

ABAD, GALIA  
8080 W FLAGLER STREET  
MIAMI, FL 33144 US

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:

01/07/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP  
Name: ABAD, GALIA  
Address: 3640 N.W. 9ST, APT #412  
City-St-Zip: MIAMI, FL 33125

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: GALIA ABAD

MA

01/07/2010

Electronic Signature of Signing Officer or Director

Date