

P09000057081

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PA. Chong*  
C.COULLETTE

JUL 28 2009

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Reliable Therapy Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P09000057081.

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:

Karen Rosario  
Name of Contact Person

Reliable Therapy Inc.  
Firm/Company

1414 NW 107 Avenue # 205  
Address

Miami FL 33172  
City/State and Zip Code

k.rosario85@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Rosario at (786) 597-4866.  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Reliable Therapy Inc.
2. The principal office address: 13635 SW 183 Terrace Miami FL 33177
3. The mailing address (if different): N/A.
4. Date of incorporation/qualification: 07-02-09 Document number: P09000057081
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Karen Rosario  
13635 SW 183 Terr  
Miami FL 33142

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Manuel Rosario  
13635 SW 183 Terrace  
Miami FL 33177

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Karen Rosario  
Signature of an officer or director

Karen Rosario - President  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

X Manuel Rosario  
Signature of Registered Agent

7/20/2009  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314