2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2011
Secretary of State

DOCUMENT# P10000061155

Entity Name: OPEN THERAPY CENTER INC

Current Principal Place of Business:

1750 W 39 PL
1001
HIALEAH, 33012

New Principal Place of Business:

1750 W 39 PL
1001
HIALEAH, FL 33012

Current Mailing Address:

1750 W 39 PL
1001
HIALEAH, 33012

New Mailing Address:

1750 W 39 PL
1001
HIALEAH, FL 33012

FEI Number: 27-3107043 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PILOTO, SANDRA
1750 W 39 PL
1001
HIALEAH, FL 33012 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: P
Name: PILOTO, SANDRA
Address: 1750 W 39 PL # 1001
City-St-Zip: HIALEAH, FL 33012

Title: GM
Name: OJEDA, OMAR
Address: 1750 W 39 PL # 1001
City-St-Zip: HIALEAH, FL 33012

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: SANDRA PILOTO P 02/23/2011

Electronic Signature of Signing Officer or Director — Date