# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 11, 2011**
**Secretary of State**

DOCUMENT# P10000083784

**Entity Name:** M. M THERAPY SERVICES INC

**Current Principal Place of Business:**

17000 N BAY RD
1005
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

17000 N BAY RD
1005
SUNNY ISLES, FL 33160

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MENDEZ, MAYLOREN
17000 N BAY RD
1005
SUNNY ISLES, FL 33160 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: MENDEZ, MAYLOREN
Address: 17000 N BAY RD, STE 1005
City-St-Zip: SUNNY ISLES, FL 33160

Title: VP
Name: OLEA, GUILLERMO
Address: 17000 N BAY RD, STE 1005
City-St-Zip: SUNNY ISLES, FL 33160

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: MAYLOREN MENDEZ P 03/11/2011

Electronic Signature of Signing Officer or Director — Date