

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000083784

Entity Name: M. M THERAPY SERVICES INC

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

19380 COLLINS AVE, STE 1402  
SUNNY ISLE BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

19380 COLLINS AVE, STE 1402  
SUNNY ISLE BEACH, FL 33160

**New Mailing Address:**

FEI Number: 27-3684176

FEI Number Applied For ( )

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:**

MENDEZ, MAYLOREN  
19380 COLLINS AVE  
1402  
SUNNY ISLES, FL 33160 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:

Electronic Signature of Registered Agent

02/09/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MENDEZ, MAYLOREN  
Address: 19380 COLLINS AVE APT 1402  
City-St-Zip: SUNNY ISLES, FL 33160

Title: VP  
Name: OLEA, GUILLERMO  
Address: 519 SW 13 AVE  
City-St-Zip: MIAMI, FL 33135

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

02/09/2012

Electronic Signature of Signing Officer or Director

Date