

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000010439

Entity Name: VITA THERAPY CENTER, INC

FILED
Feb 27, 2012
Secretary of State

Current Principal Place of Business:

8181 NW 36 ST
SUITE 21B-C
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

8181 NW 36 ST
SUITE 21B-C
DORAL, FL 33166

New Mailing Address:

8181 NW 36 ST
SUITE 21B
DORAL, FL 33166

FEI Number: 90-0653459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, MANUEL G
8181 NW 36 ST
SUITE 21B-C
DORAL, FL 33166 US

Name and Address of New Registered Agent:

HERNANDEZ ACOSTA, MAYKEL
8181 NW 36 ST
SUITE 21B
DORAL, FL 33166 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: MAYKEL HERNANDEZ ACOSTA

02/27/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: HERNANDEZ ACOSTA, MAYKEL
Address: 8181 NW 36 ST STE 21B-C
City-St-Zip: DORAL, FL 33166

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: MAYKEL HERNANDEZ ACOSTA

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02/27/2012

Electronic Signature of Signing Officer or Director

Date