

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000027830

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** VIVID DREAM PSYCHOTHERAPY, P.A.

**Current Principal Place of Business:**

10305 NW 41ST ST STE 205  
DORAL, FL 33178

**New Principal Place of Business:**

975 ARTHUR GODFREY ROAD  
SUITE 308  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

10305 NW 41ST ST STE 205  
DORAL, FL 33178

**New Mailing Address:**

975 ARTHUR GODFREY ROAD  
SUITE 308  
MIAMI BEACH, FL 33140

**FEI Number:** 45-0950510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORE, JULIE I  
10305 NW 41ST ST STE 205  
DORAL, FL 33178 US

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

MOORE, JULIE I  
975 ARTHUR GODFREY ROAD  
SUITE 308  
MIAMI BEACH, FL 33140 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:

04/28/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDST  
Name: MOORE, JULIE I  
Address: 975 ARTHUR GODFREY ROAD, SUITE 308  
City-St-Zip: MIAMI BEACH, FL 33140

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: JULIE I. MOORE

PD

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date