

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000045990

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** OMEGA THERAPY CENTER INC.

**Current Principal Place of Business:**

175 FOUNTAINBLEAU BLVD., SUITE 2-A3  
MIAMI, FL 33172

**New Principal Place of Business:**

175 FOUNTAINBLEAU BLVD.  
SUITE 2-A3  
MIAMI, FL 33172

**Current Mailing Address:**

175 FOUNTAINBLEAU BLVD., SUITE 2-A3  
MIAMI, FL 33172

**New Mailing Address:**

175 FOUNTAINBLEAU BLVD.  
SUITE 2-A3  
MIAMI, FL 33172

**FEI Number:** 45-2235838

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOR, ALFONSO  
175 FOUNTAINBLEAU BLVD., SUITE 2-A3  
MIAMI, FL 33172 US

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

MOR, ALFONSO  
175 FOUNTAINBLEAU BLVD.  
SUITE 2-A3  
MIAMI, FL 33172 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: ALFONSO MOR

01/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MOR, ALFONSO  
Address: 175 FOUNTAINBLEAU BLVD., SUITE 2-A3  
City-St-Zip: MIAMI, FL 33172 US

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: ALFONSO MOR

P

01/16/2012

Electronic Signature of Signing Officer or Director

Date