

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000050439

**FILED**  
**Mar 31, 2012**  
**Secretary of State**

**Entity Name:** CRAS CLINICAL THERAPY, INC.

**Current Principal Place of Business:**

1853 SW 3 ST  
MIAMI, FL 33135 US

**New Principal Place of Business:**

**Current Mailing Address:**

1853 SW 3 ST  
MIAMI, FL 33135 US

**New Mailing Address:**

**FEI Number:** 45-2429130

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRAS BETANCOURT, EDISLEYDI  
1853 SW 3 ST  
MIAMI, FL 33135 US

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

CRAS-BETANCOURT, EDISLEYDI  
1853 SW 3 ST  
MIAMI, FL 33135 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:** EDISLEYDI CRAS-BETANCOURT

03/31/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CRAS BETANCOURT, EDISLEYDI  
**Address:** 1853 SW 3 ST  
**City-St-Zip:** MIAMI, FL 33135 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:** EDISLEYDI CRAS-BETANCOURT

P

03/31/2012

Electronic Signature of Signing Officer or Director

Date