

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000060056

**FILED**  
**Mar 04, 2012**  
**Secretary of State**

**Entity Name:** M J B THERAPY SERVICES CORP

**Current Principal Place of Business:**

110 W 14 ST  
1  
HIALEAH, FL 33010

**New Principal Place of Business:**

695 E 8 CT  
HIALEAH, FL 33010

**Current Mailing Address:**

110 W 14 ST  
1  
HIALEAH, FL 33010

**New Mailing Address:**

PO BOX 111028  
HIALEAH, FL 33011 MD

**FEI Number:** 45-2676422

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BELTRAN, MANUEL J  
110 W 14 ST  
1  
HIALEAH, FL 33010 US

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

BELTRAN, MANUEL J  
695 E 8 CT  
HIALEAH, FL 33010 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: MANUEL J BELTRAN

03/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BELTRAN, MANUEL J  
Address: 695 E 8 CT  
City-St-Zip: HIALEAH, FL 33010

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: MANUEL J BELTRAN

P

03/04/2012

Electronic Signature of Signing Officer or Director

Date