

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000035924

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** THEA SAMIT, MS, OTR OCCUPATIONAL THERAPIST, P.A.

**Current Principal Place of Business:**

41-51 EAST 11TH STREET  
FOURTH FLOOR  
NEW YORK, NY 10003

**New Principal Place of Business:**

**Current Mailing Address:**

41-51 EAST 11TH STREET  
FOURTH FLOOR  
NEW YORK, NY 10003

**New Mailing Address:**

308 HARRISON AVE.  
HIGHLAND PARK, NJ 08904

**FEI Number:** 58-2179917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PELLINGRA, ALAN  
C/O SCHROEDER AND LARCHE, P.A.  
1 BOCA PL., STE 319-ATRIUM, 2255 GLADES RD  
BOCA RATON, FL 334317313 US

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

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:

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SAMIT, THEA  
Address: 41-51 E 11TH STREET, 4TH FLOOR  
City-St-Zip: NEW YORK, NY 10003 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: THEA SAMIT

PRES

04/29/2011

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

\_\_\_\_\_  
Date