

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000046311

FILED  
Mar 13, 2010  
Secretary of State

**Entity Name:** HYPNOSIS AND THERAPY CENTER, P.A.

**Current Principal Place of Business:**

6601 S.W. 80 ST  
STE. 208  
SOUTH MIAMI, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

6601 S.W. 80 ST  
STE. 208  
SOUTH MIAMI, FL 33143 US

**New Mailing Address:**

**FEI Number:** 65-0666750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALIENTE, DAVID S  
6601 S.W. 80TH ST  
STE. 208  
SOUTH MIAMI, FL 33143 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: VALIENTE, DAVID S  
Address: 6601 SW 80TH ST., STE 208  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D  
Name: VALIENTE, MARILYN P  
Address: 6601 SW 80TH ST., STE. 208  
City-St-Zip: SOUTH MIAMI,, FL 33143

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: DAVID S, VALIENTE

DR.

03/13/2010

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

\_\_\_\_\_  
Date