

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000054346

Entity Name: MOSER FAMILY THERAPY, INC.

FILED
Jan 08, 2011
Secretary of State

Current Principal Place of Business:

343 E DUVAL ST
STE 103
LAKE CITY, FL 32055

New Principal Place of Business:

266 SE TORTOISE COURT
LAKE CITY, FL 32025

Current Mailing Address:

266 SOUTH EAST TORTOISE COURT
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 59-3392642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSER, JOHN M LCSW
266 SOUTH EAST TORTOISE COURT
LAKE CITY, FL 33025 US

Name and Address of New Registered Agent:

MOSER, PAULA LCSW
266 SOUTH EAST TORTOISE COURT
LAKE CITY, FL 33025 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: PAULA MOSER

Electronic Signature of Registered Agent

01/08/2011

Date

OFFICERS AND DIRECTORS:

Title: D
Name: MOSER, PAULA LCSW
Address: 266 SOUTH EAST TORTOISE COURT
City-St-Zip: LAKE CITY, FL 32025

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: PAULA MOSER

Electronic Signature of Signing Officer or Director

D

01/08/2011

Date