

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000095071

Entity Name: DYNAMIC THERAPY, INC.

FILED
Oct 11, 2009
Secretary of State

Current Principal Place of Business:

4734 EXPLORATION AVE
LAKELAND, FL 33812

New Principal Place of Business:

Current Mailing Address:

4734 EXPLORATION AVE
LAKELAND, FL 33812

New Mailing Address:

FEI Number: 59-3542141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OCAMPOS, RODRIGO R
4734 EXPLORATION AVE
LAKELAND, FL 33812 US

Name and Address of New Registered Agent:

CESPEDES, ANDRES
4734 EXPLORATION AVE
LAKELAND, FL 33812 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: ANDRES CESPEDES

10/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OCAMPOS, RODRIGO R
Address: 4734 EXPLORATION AVE
City-St-Zip: LAKELAND, FL 33812

Title: VP () Delete
Name: OCAMPOS, BERNADETTE
Address: 4734 EXPLORATION AVE
City-St-Zip: LAKELAND, FL 33812

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CESPEDES, ANDRES PRESIDE
Address: 4734 EXPLORATION AVE
City-St-Zip: LAKELAND, FL 33812

Title: VP (X) Change () Addition
Name: GONZALEZ, ANGEL VICE-PR
Address: 4734 EXPLORATION AVE
City-St-Zip: LAKELAND, FL 33812

Title: AD () Change (X) Addition
Name: CHALARCA, ADRIAN ADMINIS
Address: 4734 EXPLORATION AVE
City-St-Zip: LAKELAND, FL 33812

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANDRES CESPEDES

P

10/11/2009

Electronic Signature of Signing Officer or Director

Date