

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S23002

FILED  
Apr 23, 2010  
Secretary of State

**Entity Name:** SOM THERAPY & ASSOCIATES, INC.

**Current Principal Place of Business:**

1850 FOREST HILL BLVD, #204-A  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

**Current Mailing Address:**

1850 FOREST HILL BLVD, #204-A  
WEST PALM BEACH, FL 33406 US

**New Mailing Address:**

FEI Number: 65-0241814

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DECKERT, TIMOTHY M CPA  
1850 FOREST HILL BLVD, #204-A  
WEST PALM BEACH, FL 33406 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: VT  
Name: HEREC, ALLAN T.  
Address: P.O. BOX 3533  
City-St-Zip: LANTANA, FL 33465

Title: PS  
Name: HEREC, DIANA KIP  
Address: P.O. BOX 3533  
City-St-Zip: LANTANA, FL 33465

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: DIANA KIP HEREC

PRES

04/23/2010

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

\_\_\_\_\_ Date