2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V16443

FILED Apr 02, 2009 Secretary of State

Entity Name: SUZANNE M. SPINNER THERAPIST, INC.

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
3520 OAK 207 POMPANO	S WAY D BEACH, FL	33069			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3520 OAK 207 POMPANO	S WAY D BEACH, FL	33069			
FEI Number:	: 65-0314732	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
119 ROYÁ #2C	SUZANNE M. L PARK DR) PARK, FL 33	309 US			
	named entity s e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSD () SPINNER, SUZ 3520 OAKS, #2 POMPANO BEA	07	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: SUZANNE M. SPINNER PRES 04/02/2009