

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000038260

**Entity Name:** OCEAN THERAPY CENTER, INC.

**Current Principal Place of Business:**

2530 N.E. 15TH AVENUE  
WILTON MANORS, FL 33305

**Current Mailing Address:**

2530 N.E. 15TH AVENUE  
WILTON MANORS, FL 33305 US

**FEI Number:** 20-4532527

**Certificate of Status Desired:** Yes

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

FOY, MARY  
2530 N.E. 15TH AVENUE  
WILTON MANORS, FL 33305 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DP	Title	DS
Name	JAMES, TODD	Name	WENZEL, JULIETTA
Address	8632 NW 62ND PLACE	Address	3011 NE 9TH TERRACE
City-State-Zip:	PARKLAND FL 33067	City-State-Zip:	POMPANO BEACH FL 33064

*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:** JULIETTA WENZEL

DS

03/20/2015

Electronic Signature of Signing Officer/Director Detail

Date