

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S23002

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 65-0241814

**Certificate of Status Desired:** No

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

DECKERT, TIMOTHY MCPA  
1850 FOREST HILL BLVD, #204-A  
WEST PALM BEACH, FL 33406 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 VT  
Name HEREC, ALLAN T.  
Address 511 S. M ST.  
City-State-Zip: LAKE WORTH FL 33460

Title PS  
Name HEREC, DIANA KIP  
Address 511 S M ST  
City-State-Zip: LAKE WORTH FL 33460

*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:** ALLAN HEREC

**VICE PRESIDENT**

**04/26/2014**

Electronic Signature of Signing Officer/Director Detail

Date