

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000115043

1. Entity Name
ACTIVE THERAPY ASSOCIATES, INC.



Principal Place of Business
**7911 N.W. 72ND AVENUE #204
MEDLEY, FL 33166**

Mailing Address
**7911 N.W. 72ND AVENUE #204
MEDLEY, FL 33166**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1430173

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ASSEE, RONALD
7911 N.W. 72ND AVENUE #204
MEDLEY, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE

Sign above field or printed name of registered agent and where applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

NAME
P
ASSEE, RONALD
HOME ADDRESS
7911 N.W. 72ND AVENUE #204
CITY, ST, ZIP
MEDLEY, FL 33166

NAME
V
DELVALLE, RACHEL S
HOME ADDRESS
7911 N.W. 72ND AVENUE #204
CITY, ST, ZIP
MEDLEY, FL 33166

NAME
NAME
HOME ADDRESS
CITY, ST, ZIP

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HOME ADDRESS
CITY, ST, ZIP

1100007380611
01/11/06-80022-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD ASSEE

1/3/06

305 883 6180

Date

Daytime Phone #