

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066312

FILED
Jul 08, 2009
Secretary of State

Entity Name: PHILIP'S AUTISM THERAPY CENTER, INC.

Current Principal Place of Business:

2075 MEADOWLANE AVENUE
WEST MELBORUNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

2075 MEADOWLANE AVENUE
WEST MELBORUNE, FL 32904

New Mailing Address:

PO BOX 411927
MELBOURNE, FL 32941 US

FEI Number: 26-3057688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBY, DAVID H ESQ.
2111 DAIRY ROAD
MELBOURNE, FL 32904 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO () Change (X) Addition
Name: DECARO, FRANK P PH.D.
Address: 7777 N. WICKHAM ROAD SUITE 12-309
City-St-Zip: MELBOURNE, FL 32940

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: DR. FRANK P. DECARO

CEO

07/08/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date