

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066312

FILED
Feb 17, 2011
Secretary of State

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

Current Principal Place of Business:

420 E. FEE AVENUE
MELBOURNE, FL 32901

New Principal Place of Business:

3661 CORTEZ ROAD WEST
BRADENTON, FL 34210 US

Current Mailing Address:

PO BOX 411927
MELBOURNE, FL 32941 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: CEO
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 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: DR. FRANK P. DECARO

PRES

02/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date