

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066312

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

3661 CORTEZ ROAD WEST  
BRADENTON, FL 34210 US

**New Principal Place of Business:**

7777 NORTH WICKHAM ROAD  
SUITE 12-309  
MELBOURNE,, FL 32940 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

CEO

04/24/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date