

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000075707

FILED  
Jul 07, 2010  
Secretary of State

**Entity Name:** PHILIP'S MEDICAL, THERAPY AND EDUCATIONAL CENTERS, INC.

**Current Principal Place of Business:**

7777 N WICKHAM RD  
SUITE 12-309  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

7777 N WICKHAM RD  
SUITE 12-309  
MELBOURNE, FL 32940

**New Mailing Address:**

FEI Number: 27-0879421      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DECARO, DR. FRANK P  
7777 N WICKHAM RD  
SUITE 12-309  
MELBOURNE, FL 32940 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 DR.  
Address: 7777 N WICKHAM RD 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

07/07/2010

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

\_\_\_\_\_ Date