

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000088543

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** ARETE THERAPY SERVICES, INC.

**Current Principal Place of Business:**

14143 LEICESTER LANE  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 781090  
ORLANDO, FL 32878

**New Mailing Address:**

14143 LEICESTER LANE  
ORLANDO, FL 32828

**FEI Number:** 36-4661674

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KULKARNI, VINITA  
14143 LEICESTER LANE  
ORLANDO, FL 32828 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KULKARNI, VINITA  
Address: P.O. BOX 781090  
City-St-Zip: ORLANDO, FL 32878

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: VINITA KULKARNI

PRES

04/27/2010

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

\_\_\_\_\_ Date