

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000058563

FILED  
May 03, 2012  
Secretary of State

**Entity Name:** PROFESSIONAL MOBILE THERAPY CORP.

**Current Principal Place of Business:**

8425 NW 8 ST APT 306  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

8425 NW 8 ST APT 306  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 45-2692496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARRIOS, RONALD  
8425 NW 8 ST APT 306  
MIAMI, FL 33126 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: P  
Name: BARRIOS, RONALD  
Address: 8425 NW 8 ST APT 306  
City-St-Zip: MIAMI, FL 33126

Title: VPS  
Name: GONZALEZ, LIANNELYS  
Address: 8425 NW 8 ST APT 306  
City-St-Zip: MIAMI, FL 33126

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: RONALD BARRIOS

PRE

05/03/2012

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

\_\_\_\_\_ Date