

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000086372

1. Entity Name
A + CHILDREN'S THERAPY, INC.



| | |
|---|---|
| Principal Place of Business 111 NATURE WALK PARKWAY SUITE 101 ST. AUGUSTINE, FL 32092 | Mailing Address 111 NATURE WALK PARKWAY SUITE 101 ST. AUGUSTINE, FL 32092 |
|---|---|



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 71-0901135 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT MOODY, ELISABETH 111 NATURE WALK PARKWAY, SUITE 101 ST. AUGUSTINE, FL 32092 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS LENNON, DEBORAH 111 NATURE WALK PARKWAY, SUITE 101 ST. AUGUSTINE, FL 32092 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 05/21/08-90031-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elisabeth Moody* Elisabeth Moody 1-11-08 904-230-7761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #