

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000085476

Entity Name: PEDITHERAPY, INC.

**FILED**  
**Apr 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4155 N.W. 64TH AVE.  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

4155 N.W. 64TH AVE.  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

FEI Number: 65-0950894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GODIN, M. CRISTINA  
4155 N.W. 64TH AVE.  
CORAL SPRINGS, FL 33067 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: GODIN, M. CRISTINA  
Address: 4155 N.W. 64TH AVE.  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP  
Name: GODIN, ROBERT  
Address: 4155 NW 64 AVE  
City-St-Zip: CORAL SPRINGS, FL 33067

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: M. CHRISTINA GODIN

PRES

04/02/2010

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

\_\_\_\_\_  
Date