

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002212

**FILED**  
**Mar 05, 2014**  
**Secretary of State**  
**CC7424591352**

**Entity Name:** AMERICAN ASSOCIATION OF MULTI SENSORY ENVIRONMENTS, INC.

**Current Principal Place of Business:**

LPLC-1095 NW 14TH TERRACE (R-48)  
1-40  
MIAMI, FL 33136

**Current Mailing Address:**

LPLC (R-48) 1095 NW 14TH TERRACE  
1-40  
MIAMI, FL 33136

**FEI Number: 56-2600893**

**Certificate of Status Desired: Yes**

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

LOIS POPE LIFE CENTER (R-48)  
1095 NW 14TH TERRACE  
MIAMI, FL 33136 US

*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

**Officer/Director Detail :**

Title PD  
Name RADER, RICK  
Address 615 DERBY STREET  
City-State-Zip: CHATTANOOGA TN 37404

Title D  
Name HOTZ, GILLIAN  
Address LPLC-1095 NW 14TH TERRACE (R-48)  
City-State-Zip: MIAMI FL 33136

Title D  
Name MESSBAUER, LINDA  
Address 75-11 198TH STREET  
City-State-Zip: FRESH MEADOW NY 11366

Title D  
Name VARTANIAN, BARBARA  
Address 125 SOUTH CHENANGO ST., EXT  
City-State-Zip: GREENE NY 13778

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GILLIAN HOTZ, PHD**

**DIRECTOR**

**03/05/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date