

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106451

Entity Name: ADVANCED THERAPY CONCEPTS, INC.

Current Principal Place of Business:

2035 N. UNIVERSITY DRIVE
SUNRISE, FL 33322

Current Mailing Address:

2035 N. UNIVERSITY DRIVE
SUNRISE, FL 33322

FEI Number: 65-1152346

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

URSO, WENDY
12341 NW 18TH ST
PLANTATION, FL 33323 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 P
Name URSO, WENDY
Address 12341 NW 18 STREET
City-State-Zip: PLANTATION FL 33323

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: WENDY URSO

CEO

01/15/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date