

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069269

Entity Name: ACCESS HOMETHERAPY, INC.

Current Principal Place of Business:

4000 PONCE DELEON BOULEVARD
#470
CORAL GABLES, FL 33146

Current Mailing Address:

4000 PONCE DELEON BOULEVARD
#470
CORAL GABLES, FL 33146

FEI Number: 42-1596853

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEDINA, RAFAEL
920 EAST 30TH STREET
HIALEAH, FL 33013 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 MEDINA, RAFAEL
Address 920 EAST 30TH STREET
City-State-Zip: HIALEAH FL 33013

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: RAFAEL MEDINA

PRESIDENT

03/13/2014

Electronic Signature of Signing Officer/Director Detail

Date