

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000006452

**Entity Name:** AW THERAPY SERVICES, INC.

**Current Principal Place of Business:**

902 NE 1ST. STREET  
#9  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

902 NE 1ST. STREET  
#9  
POMPANO BEACH, FL 33060 US

**FEI Number:** 51-0533380

**Certificate of Status Desired:** No

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

WEISSMAN, MICHAEL S  
902 NE 1ST. STREET  
#9  
POMPANO BEACH, FL 33060 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 WEISSMAN, ALLISON J  
Address 902 NE 1ST. STREET  
#9  
City-State-Zip: POMPANO BEACH FL 33060

Title V  
Name WEISSMAN, ALLISON J  
Address 902 NE 1ST. STREET  
#9  
City-State-Zip: POMPANO BEACH FL 33060

Title S  
Name WEISSMAN, ALLISON J  
Address 902 NE 1ST. STREET  
#9  
City-State-Zip: POMPANO BEACH FL 33060

Title T  
Name WEISSMAN, ALLISON J  
Address 902 NE 1ST. STREET  
#9  
City-State-Zip: POMPANO BEACH FL 33060

*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:** ALLISON WEISSMAN

**PRESIDENT**

**04/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date