

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000012082

**FILED  
Apr 26, 2013  
Secretary of State  
CC9333437240**

**Entity Name:** SOLUTIONS - A COMBINED CENTER FOR THERAPY AND LEARNING, INC.

**Current Principal Place of Business:**

1483 S.W. BOUGAINVILLEA AVENUE  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

1483 S.W. BOUGAINVILLEA AVENUE  
PORT ST. LUCIE, FL 34953

**FEI Number: 20-4168485**

**Certificate of Status Desired: No**

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

WELLIINGTON ACCOUNTING AND TAX  
8461 LAKE WORTH ROAD  
LAKE WORTH, FL 33467 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            MCCANDLESS, JANELLE B  
Address        962 S.W. HAMBERLAND  
City-State-Zip: PORT ST. LUCIE FL 34953

Title            S  
Name            WILD, JENNIFER  
Address        10702 SW ELSINORE DRIVE  
City-State-Zip: PORT SAINT LUCIE FL 34987

*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: JENNIFER WILD

S

04/26/2013

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

\_\_\_\_\_  
Date