

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000034301

Entity Name: ADVANCED THERAPY CONCEPTS OF BROWARD, INC.

Current Principal Place of Business:

2035 N. UNIVERSITY DR.
SUNRISE, FL 33322

Current Mailing Address:

2035 N. UNIVERSITY DR.
SUNRISE, FL 33322

FEI Number: 20-4476802

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

URSO, WENDY
12341 NW 18TH STREET
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/D
Name URSO, WENDY
Address 12341 NW 18TH 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