

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000040260

Entity Name: ARCHER PHYSICAL THERAPY & PILATES INSTITUTE, INC.

Current Principal Place of Business:

19300 WEST DIXIE HIGHWAY STE 5
NORTH MIAMI BEACH, FL 33180

Current Mailing Address:

19300 WEST DIXIE HIGHWAY STE 5
NORTH MIAMI BEACH, FL 33180

FEI Number: 26-2477353

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STANDER, ALAN CPA
2400 E COMMERCIAL BLVD.
SUITE 309
FORT LAUDERDALE, FL 33308 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 PRES
Name SIMAN-TOV, KERRY
Address 19300 WEST DIXIE HIGHWAY SUITE 5

City-State-Zip: NORTH MIAMI BEACH FL 33180

Title TRES
Name SIMAN-TOV, KERRY
Address 19300 WEST DIXIE HIGHWAY SUITE 5

City-State-Zip: NORTH MIAMI BEACH FL 33180

Title VP
Name SOLARES, EMILIO
Address 19300 WEST DIXIE HIGHWAY SUITE 5

City-State-Zip: NORTH MIAMI BEACH FL 33180

Title SEC
Name SIMAN-TOV, KERRY
Address 19300 WEST DIXIE HIGHWAY SUITE 5

City-State-Zip: NORTH MIAMI BEACH FL 33180

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: KERRY SIMAN-TOV

PRESIDENT

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date