

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000066312

**Entity Name:** PHILIP'S AUTISM THERAPY CENTER, INC.

**Current Principal Place of Business:**

7777 NORTH WICKHAM ROAD  
SUITE 12-309  
MELBOURNE,, FL 32940

**Current Mailing Address:**

PO BOX 411927  
MELBOURNE, FL 32941 US

**FEI Number: 26-3057688**

**Certificate of Status Desired: No**

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

JACOBY, DAVID HESQ.  
2111 DAIRY ROAD  
MELBOURNE, FL 32904 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            CEO  
Name            DECARO, FRANK P DR.  
Address        7777 N. WICKHAM ROAD SUITE 12-  
                  309  
City-State-Zip: MELBOURNE FL 32940

*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: DR. FRANK P. DECARO

CEO

02/19/2015

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

\_\_\_\_\_ Date