

2014 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

03/02/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date