

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000070641

Entity Name: APPLIED BEHAVIOR CENTER FOR AUTISM INC.

Current Principal Place of Business:

113 WEST CHAPMAN ROAD
OVIEDO, FL 32765

Current Mailing Address:

113 WEST CHAPMAN ROAD
OVIEDO, FL 32765 US

FEI Number: 27-3403152

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KHOMUTETSKY, HYNDI
1229 COLE ROAD
ORLANDO, FL 32803 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, T
Name KHOMUTETSKY, HYNDI
Address 975 BENNETT ROAD, #201
City-State-Zip: ORLANDO FL 32814

Title D
Name KHOMUTETSKY, HYNDI
Address 975 BENNETT ROAD, #201
City-State-Zip: ORLANDO FL 32814

Title S
Name BARBER, BOBBI
Address 113 WEST CHAPMAN ROAD
City-State-Zip: OVIEDO FL 32765

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: HYNDI KHOMUTETSKY

OWNER /PRESIDENT

01/24/2016

Electronic Signature of Signing Officer/Director Detail

Date