2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2019
Secretary of State
4358719858CC

DOCUMENT# P10000070641

Entity Name: APPLIED BEHAVIOR CENTER FOR AUTISM INC.

Current Principal Place of Business:

270 RANGELINE ROAD
LONGWOOD, FL 32750

Current Mailing Address:

270 RANGELINE
LONGWOOD, FL 32765 US

FEI Number: 27-3403152

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KHOMUTETSKY, HYNDI
1120 HARDY AVENUE
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	Title	D
Name	KHOMUTETSKY, HYNDI	Name	KHOMUTETSKY, HYNDI
Address	1120 HARDY AVE	Address	1120 HARDY AVE
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803

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 PRESIDENT 02/08/2019

Electronic Signature of Signing Officer/Director Detail — Date