**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 23, 2015**
**Secretary of State**
**CC7031964869**

DOCUMENT# P11000088897

**Entity Name:** NACHO THERAPY PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

511 SE 5TH AVE APT 1709
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

511 SE 5TH AVE APT 1709
FORT LAUDERDALE, FL 33301 US

**FEI Number: 45-3681791**

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
SUITE A
TAMPA, FL 33612 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 | PT | Title | S, D |
| Name | ZOMMER, SAGI | Name | ZOMMER, SAGI |
| Address | 511 SE 5TH AVE<br>APT 1709 | Address | 511 SE 5TH AVE<br>1709 |
| City-State-Zip: | FT LAUDERDALE FL 33301 | City-State-Zip: | FT LAUDERDALE FL 33301 |

*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: SAGI ZOMMER PRESIDENT 02/23/2015

Electronic Signature of Signing Officer/Director Detail — Date