

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000019404

Entity Name: INTERACTIVE THERAPY SOLUTIONS INC

Current Principal Place of Business:

540 NW 165TH STREET RD.
SUITE 111
MIAMI, FL 33179

Current Mailing Address:

3860 NE 170ST
UNIT 207
NORTH MIAMI BEACH , FL 33160 US

FEI Number: 45-4650353

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

M&L ACCOUNTING SERVICES INC
16969 NW 67TH AVENUE
SUITE 201
HIALEAH, FL 33015 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 PRESIDENT
Name THOMAS, ANTONIA P
Address 3860 NE 170ST
 UNIT 207
City-State-Zip: NORTH MIAMI BEACH FL 33160

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: ANTONIA P. THOMAS

CEO

01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date