

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024041

Entity Name: ALLPOINTS THERAPY, INC.

Current Principal Place of Business:

5618 NW 43RD ST
SUITE A
GAINESVILLE, FL 32653

Current Mailing Address:

5618 NW 43RD ST
SUITE A
GAINESVILLE, FL 32653 US

FEI Number: 59-3528716

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WIDMER, DEETA ILSE AP,LMT
5618 NW 43RD ST
SUITE A
GAINESVILLE, FL 32653 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 PD
Name ADKINS, DEETA WIDMER AP, LMT
Address 5618 NW 43RD ST
SUITE A
City-State-Zip: GAINESVILLE FL 32653

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: DEETA WIDMER ADKINS

PRESIDENT

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date