

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000107606

Entity Name: A.M.A. THERAPY, INC.

Current Principal Place of Business:

6330 VOLUNTEER ROAD
SW RANCHES, FL 33330

Current Mailing Address:

6330 VOLUNTEER RD
SW RANCHES, FL 33330

FEI Number: 65-0898911

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UDELL, MICHAEL B
5400 S. UNIVERSITY DR.
SUITE 117
DAVIE, FL 33328 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 D
Name GRAZIADEI, RENEE M
Address 6330 VOLUNTEER RD
City-State-Zip: SW RANCHES FL 33330

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: RENEE GRAZIADEI

PRESIDENT

05/02/2013

Electronic Signature of Signing Officer/Director Detail

Date