

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L41281

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** ALLIED THERAPY ASSOCIATES, INC.

**Current Principal Place of Business:**

900 WEST 49 STREET  
SUITE 332  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

900 WEST 49 STREET  
SUITE 332  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 65-0166963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOPP, VIVIAN H  
900 WEST 49 STREET  
SUITE 332  
HIALEAH, FL 33012 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: TOPP, VIVIAN H  
Address: 900 WEST 49 STREET, #332  
City-St-Zip: HIALEAH, FL 33012

Title: PD  
Name: BAUER, KAY D  
Address: 900 WEST 49 STREET, #332  
City-St-Zip: HIALEAH, FL 33012

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: BAUER, KAY

PD

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date