

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007762

FILED
Jul 27, 2010
Secretary of State

Entity Name: A BETTER THERAPY, INC.

Current Principal Place of Business:

740 FLORIDA CENTRAL PARKWAY
#1028
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

740 FLORIDA CENTRAL PARKWAY
#1028
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 36-4559112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANUEL, COREY
740 FLORIDA CENTRAL PARKWAY
#1028
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

BABINGTON, BRIAN
740 FLORIDA CENTRAL PARKWAY
#1028
LONGWOOD, FL 32750 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: SHELLY BABINGTON

07/27/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MANUEL, COREY
Address: 740 FLORIDA CENTRAL PARKWAY #1028
City-St-Zip: LONGWOOD, FL 32750 US

Title: VP
Name: RYAN, STEPHEN
Address: 740 FLORIDA CENTRAL PARKWAY #1028
City-St-Zip: LONGWOOD, FL 32750 US

Title: S
Name: BABINGTON, SHELLY L
Address: 740 FLORIDA CENTRAL PARKWAY #1028
City-St-Zip: LONGWOOD, FL 32750 US

Title: TD
Name: HAFEEZ, SAJID M.D.
Address: 740 FLORIDA CENTRAL PARKWAY #1028
City-St-Zip: LONGWOOD, FL 32750 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHELLY BABINGTON

S

07/27/2010

Electronic Signature of Signing Officer or Director

Date