

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009352

FILED  
Jun 17, 2010  
Secretary of State

**Entity Name:** INTERNATIONAL PEDIATRIC HIPPO THERAPY INC.

**Current Principal Place of Business:**

4761 SW 126 AVE.  
SOUTHWEST RANCHES, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

4761 SW 126 AVE.  
SOUTHWEST RANCHES, FL 33330

**New Mailing Address:**

**FEI Number:** 03-0607335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANKLIN, DEHLIA E DR  
4761 SW 126 AVE.  
SOUTHWEST RANCHES, FL 33330 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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** FRANKLIN, DEHLIA E DR  
**Address:** 4761 SW 126 AVE.  
**City-St-Zip:** SOUTHWEST RANCHES, FL 33330

**Title:** D  
**Name:** ANGLIN, RAYMOND  
**Address:** 7481 NW 13 ST.  
**City-St-Zip:** PLANTATION, FL 33313

**Title:** D  
**Name:** BACHELOR, BYRON  
**Address:** 10235 W. SAMPLE RD., STE. 205  
**City-St-Zip:** CORAL SPRINGS, FL 33065

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:** DEHLIA E. FRANKLIN

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06/17/2010

Electronic Signature of Signing Officer or Director

Date