2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2012
Secretary of State

DOCUMENT# N11000001933

Entity Name: PRECISION THERAPY CARE INC

Current Principal Place of Business:

7600 WEST 20TH AVE
SUITE # 101
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

7600 WEST 20TH AVE
SUITE # 101
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 27-5101582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMIGO, ALIUSKA
7600 WEST 20TH AVE
SUITE # 101
HIALEAH, FL 33016 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: P
Name: AMIGO, ALIUSKA
Address: 7600 WEST 20TH AVE SUITE # 101
City-St-Zip: HIALEAH, FL 33016

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: ALIUSKA AMIGO P 01/11/2012

Electronic Signature of Signing Officer or Director — Date