

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012369

Entity Name: A.LL THERAPY CONNECTION, INC.

FILED
Apr 14, 2011
Secretary of State

Current Principal Place of Business:

140 TONINA COVE
SUITE, 100
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

140 TONINA COVE
SUITE, 100
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3695509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LLULL, ANTONIA B
420 BRIDLE PATH
CASSELBERRY, FL 32707 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: LLULL, ANTONIA B
Address: 420 BRIDLE PATH
City-St-Zip: CASSELBERRY, FL 32707

Title: S
Name: LLULL, CARMEN V
Address: 420 BRIDLE PATH
City-St-Zip: CASSELBERRY, FL 32707

Title: T
Name: LLULL, JOSE R
Address: 420 BRIDLE PATH
City-St-Zip: CASSELBERRY, FL 32707

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: ANTONIA LLULL

MS.

04/14/2011

Electronic Signature of Signing Officer or Director

Date