2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094516

FILED Feb 14, 2009 Secretary of State

Entity Name: AA PROFESSIONAL THERAPIST, INC. **Current Principal Place of Business: New Principal Place of Business:** 5757 SW 8 STREET, SUITE 202 MIAMI, FL 33144 **Current Mailing Address: New Mailing Address:** 5757 SW 8 STREET, SUITE 202 MIAMI, FL 33144 FEI Number: 65-1144528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARCIA, MIGUEL GARCIA, MIGUEL 351 NW 42 AVNEUE, SUITE 408 16801 NW 77 PL MIAMI, FL 33126 HIALEAH, FL 33016 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: 02/14/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PVST** () Delete Title: () Change () Addition GARCIA, MIGUEL Name: Name: 5757 SW 8 STREET, SUITE 202 Address: Address: City-St-Zip: MIAMI, FL 33144 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GARCIA, MIGUEL Name: 5757 SW 8 STREET, SUITE 202 Address: Address: MIAMI, FL 33144 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MIGUEL GARCIA **PVST** 02/14/2009