

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083686

FILED
Apr 30, 2005
Secretary of State

Entity Name: PAO THERAPY CONSULTANTS, INC

Current Principal Place of Business:

6701 SW 116 CT #404
MIAMI, FL 331731748

New Principal Place of Business:

Current Mailing Address:

6701 SW 116 CT #404
MIAMI, FL 331731748

New Mailing Address:

FEI Number: 22-3861075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OPRANDI, PRISCILLA
6701 SW 116 CT #404
MIAMI, FL 331731748 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OPRANDI, PRISCILLA
Address: 6701 SW 116 CT #404
City-St-Zip: MIAMI, FL 331731748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PRISCILLA OPRANDI

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04/30/2005

Electronic Signature of Signing Officer or Director

_____ Date