


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000090931

1. Entity Name
A+ OCCUPATIONAL THERAPY PROFESSIONALS, INC.



Principal Place of Business Mailing Address

**4001 VIRGINIA AVE.
 SUITE A
 FORT PIERCE, FL 34981**

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 SUITE A
 FORT PIERCE, FL 34981**



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0106088	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HANDY, CHERYL
 1809 SOUTHWEST DRIVE
 FORT PIERCE, FL 34947**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Cheryl M. Handy, Owner* *4/21/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reissuing) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1111100537444
 05/09/06-80016-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HANDY, CHERYL 1809 SOUTHWEST DRIVE FORT PIERCE, FL 34947
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowers.

SIGNATURE: *Cheryl M. Handy - Co-Owner* *4/21/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #