

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091100

FILED
Feb 18, 2011
Secretary of State

Entity Name: A+ ASSOCIATED THERAPY PROFESSIONALS, INC.

Current Principal Place of Business:

4202 OKEECHOBEE RD.
#93
FORT PIERCE, FL 34947 US

New Principal Place of Business:

Current Mailing Address:

4202 OKEECHOBEE RD.
#93
FORT PIERCE, FL 34947 US

New Mailing Address:

FEI Number: 22-3866552 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TULLIS, TISHUNDA J
1817 S 26TH STREET
FT PIERCE, FL 34947 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: PD
Name: TULLIS, TISHUNDA J
Address: 1817 S 26TH STREET
City-St-Zip: FT PIERCE, FL 34947

Title: VP
Name: HANDY, CHERYL
Address: 8650 PINE MARTIN LANE
City-St-Zip: FORT PIERCE, FL 34947

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: TISHUNDA TULLIS

PD

02/18/2011

Electronic Signature of Signing Officer or Director

Date