

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000012593

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Entity Name:** ARTIST OF THERAPY INC.

**Current Principal Place of Business:**

1898 N.W. 57TH STREET  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

1898 N.W. 57TH STREET  
MIAMI, FL 33142

**New Mailing Address:**

**FEI Number:** 57-1148166      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COVINGTON, KEVIN  
1898 N.W. 57TH STREET  
MIAMI, FL 33142      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:** PSTD  
**Name:** COVINGTON, KEVIN J  
**Address:** 1898 N.W. 57TH STREET  
**City-St-Zip:** MIAMI, FL 33142

**Title:** V/D  
**Name:** LEE-COVINGTON, DECARLA P  
**Address:** 653 N.E. 204TH LANE  
**City-St-Zip:** MIAMI, FL 33179 US

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: KEVIN COVINGTON

PSTD

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date