

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000069269

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** ACCESS HOMETHERAPY, INC.

**Current Principal Place of Business:**

4000 PONCE DELEON BOULEVARD  
#470  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

4000 PONCE DELEON BOULEVARD  
#470  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 42-1596853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEDINA, RAFAEL  
920 EAST 30TH STREET  
HIALEAH, FL 33013 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: P  
Name: MEDINA, RAFAEL  
Address: 920 EAST 30TH STREET  
City-St-Zip: HIALEAH, FL 33013

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: RAFAEL MEDINA

P

01/31/2011

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

\_\_\_\_\_  
Date