

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000116414

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** ACTION HAND THERAPY, INC.

**Current Principal Place of Business:**

3401 PGA BOULEVARD  
SUITE 500 B  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 31833  
PALM BEACH GARDENS, FL 33420

**New Mailing Address:**

**FEI Number:** 56-2406107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEROLA, JAMES R  
11380 PROSPERITY FARMS ROAD  
SUITE 204  
PALM BEACH GARDENS, FL 33410 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:** D  
**Name:** KIERNAN, LINDA S  
**Address:** 700 KITTYHAWK WAY  
**City-St-Zip:** NORTH PALM BEACH, FL 33408

**Title:** D  
**Name:** KIERNAN, WILLIAM B  
**Address:** 700 KITTYHAWK WAY  
**City-St-Zip:** NORTH PALM BEACH, FL 33408

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:** LINDA S KIERNAN

D

04/30/2010

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

\_\_\_\_\_  
Date