

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000158185

Entity Name: PLATYPUS THERAPY, INC.

FILED  
Feb 08, 2012  
Secretary of State

## Current Principal Place of Business:

253 SW 19TH ROAD  
MIAMI, FL 33129 US

## New Principal Place of Business:

## Current Mailing Address:

253 SW 19TH ROAD  
MIAMI, FL 33129 US

## New Mailing Address:

FEI Number: 51-0493982      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MAYO, JORGE  
307 NE 1 STREET  
MIAMI, FL 33132 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: D  
Name: PAEZ, ARSENIO JR.  
Address: 63 REYNOLDS DRIVE  
City-St-Zip: FAIRFIELD, CT 06824 US

Title: P  
Name: PAEZ, ARSENIO JR.  
Address: 253 SW 19TH ROAD  
City-St-Zip: MIAMI, FL 33129 US

Title: S  
Name: PAEZ, ARSENIO JR.  
Address: 253 SW 19TH ROAD  
City-St-Zip: MIAMI, FL 33129 US

Title: T  
Name: PAEZ, ARSENIO JR.  
Address: 63 REYNOLDS DRIVE  
City-St-Zip: FAIRFIELD, CT 06824 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: ARSENIO PAEZ

D

02/08/2012

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

\_\_\_\_\_  
Date