

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013816

Entity Name: EQUISPORTS THERAPY, INC.

FILED
Apr 17, 2011
Secretary of State

Current Principal Place of Business:

8920 KEEN ROAD
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

8920 KEEN ROAD
PARRISH, FL 34219

New Mailing Address:

FEI Number: 20-0645052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMMA, ANNETT
8920 KEEN ROAD
PARRISH, FL 34219 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: DEMMA, ANNETT
Address: 8920 KEEN ROAD
City-St-Zip: PARRISH, FL 34219

Title: D
Name: DEMMA, ALEXANDRA
Address: 8920 KEEN ROAD
City-St-Zip: PARRISH, FL 34219

Title: PRES
Name: DEMMA, NICHOLE
Address: 8920 KEEN ROAD
City-St-Zip: PARRISH, FL 34219

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: ANNETT DEMMA

D

04/17/2011

Electronic Signature of Signing Officer or Director

Date