

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000036878

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** FUNCTIONAL EVALUATION TESTING OF FLORIDA, INC.

**Current Principal Place of Business:**

1515 NORTH FEDERAL HWY  
SUITE 19  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

364 BROAD STREET  
KEYPORT, NJ 07735

**New Mailing Address:**

**FEI Number:** 20-1936404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUSAN L. CUTRI, P.A.  
980 NORTH FEDERAL HIGHWAY  
SUITE 442  
BOCA RATON, FL 33432 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: MR.  
Name: MICHAEL, CHILLEMI JR.  
Address: 364 BROAD STREET  
City-St-Zip: KEYPORT, NJ 07735

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: MICHAEL CHILLEMI

DR

04/13/2011

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

\_\_\_\_\_  
Date