

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000110035

**FILED**  
**May 24, 2012**  
**Secretary of State**

**Entity Name:** STEPPING STONES PEDIATRIC THERAPY INC

**Current Principal Place of Business:**

1000 TROON TRACE  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

117 VIEW POINT PLACE  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

1000 TROON TRACE  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

117 VIEW POINT PLACE  
WINTER SPRINGS, FL 32708

**FEI Number:** 20-3267404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSENZWEIG, JULIE  
1000 TROON TRACE  
WINTER SPRINGS, FL 32708 US

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

ROSENZWEIG, JULIE  
117 VIEW POINT PLACE  
WINTER SPRINGS, FL 32708 US

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: JULIE V ROSENZWEIG

05/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ROSENZWEIG, JULIE  
Address: 117 VIEW POINT PLACE  
City-St-Zip: WINTER SPRINGS, FL 32708

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: JULIE V ROSENZWEIG

D

05/24/2012

Electronic Signature of Signing Officer or Director

Date