2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2011
Secretary of State

DOCUMENT# P05000142834

Entity Name: ABC THERAPIES OF FLORIDA, INC.

Current Principal Place of Business:

890 NORTHERN WAY
SUITE E
WINTER SPRINGS, FL 32708

New Principal Place of Business:

890 NORTHERN WAY
SUITE E
WINTER SPRINGS, FL 32708 US

Current Mailing Address:

P. O. BOX 195428
WINTER SPRINGS, FL 32719

New Mailing Address:

P. O. BOX 195428
WINTER SPRINGS, FL 32719 US

FEI Number: 20-3666265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOWNSEND, DAVID
890 NORTHERN WAY
SUITE E
WINTER SPRINGS, FL 32708 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: TOWNSEND, CHERYL
Address: 890 NORTHERN WAY, SUITE E
City-St-Zip: WINTER SPRINGS, FL 32719 US

Title: M
Name: TOWNSEND, DAVID
Address: 890 NORTHERN WAY, SUITE E
City-St-Zip: WINTER SPRINGS, FL 32708 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: DAVID M TOWNSEND CFO 02/11/2011

Electronic Signature of Signing Officer or Director — Date